1. Visit https://www.ohioresponds.odh.ohio.gov/ to access the MRC Volunteer Registry.



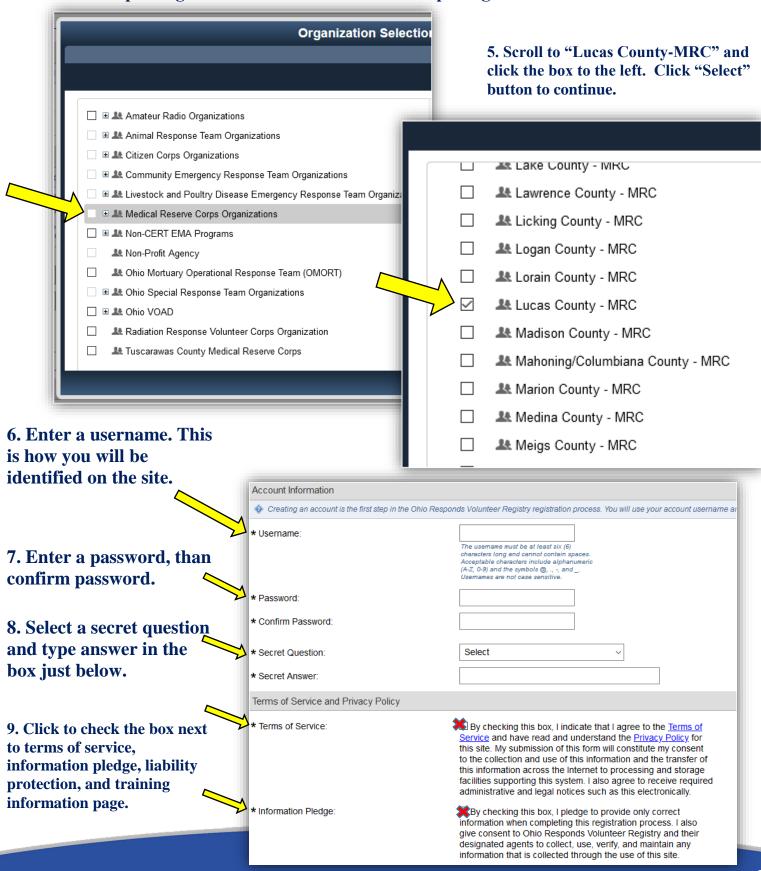
3. Click "Add Organizations"

- 1) For the best experience, do not use the refresh, stop, back or forward buttons on the
- 2) An asterisk (*) indicates a required field. You will be alerted if the required information
- For your security, all communications are encrypted and you will be logged out autor
- 4) We recommend the latest version of Microsoft Internet Explorer for Windows, Mozilla





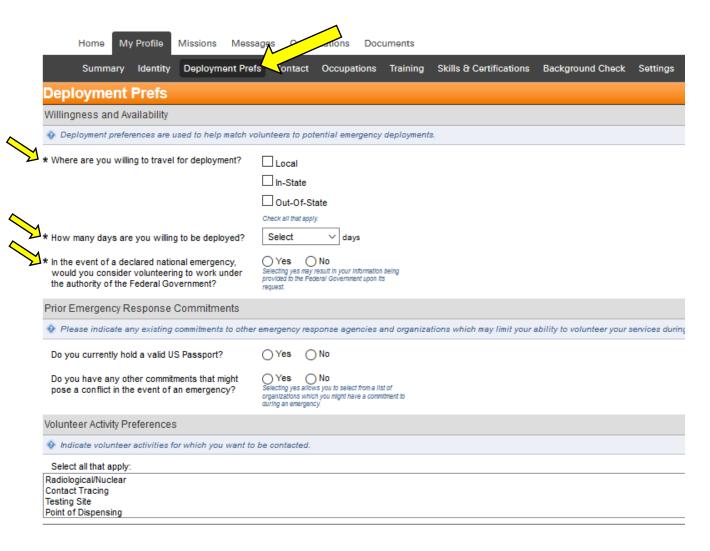
4. Click the plus sign next to "Medical Reserve Corps Organizations"



Liability Protection Training Requireme	nt		
In order to maintain the liability protection removed from the system.	n provided in the Ohio Administrative Code	e 121:40-1-04, volunteers must comple	
* Liability Protection:	understand that in order to maintain the liability protection provided in the Ohio Admin Code 121:40-1-04, I must complete an approved training every 3 years. Please note some unit(s) require additional trainings as part of unit membership. A list of approved training opportunities can be found on www.ohioresponds.gov by hovering over the "Training Opportunities" tab and selecting from the drop down.		40 700 4 11 6
* Training Information Pledge:		r training information up to date in Registry	10. Fill out all information under "Name and Address."
Name and Address			diddi i dilic did i iddi essi
Prefix:	Example: Dr., Col., Mr., Mrs., Ms.		
* First Name:			
Middle Name:			
* Last Name:			
Suffix:			
	Example: Jr., Sr., MD., PhD, RN		
* Address Line 1:			
Address Line 2:			
* City:			
* State:	Select	~	
* County:	Select ∨		
* Zip Code:			
Work State:	Select	~	
Alternate Address Line 1:			
Alternate Address Line 2:			11. Fill in email address and
City:			select contact method and
State:	Select	~	number under "Contact
County:	Select ∨		Information."
Zip Code:			information.
		Contact Information	
		Primary Email Address	
2. Select your occupation type. If your occupation isn't listed, please elect "other" from the drop down		Email Address:	If you have an email account, it is important for you to provide this information. Without your email address, you may miss important messages and notifications. Please note that the system will not allow two accounts with the same email address. If you do not have an email address or your email address is already registered with the system, you can learn more about obtaining a free email address by <u>clicking</u> there.
st.		Confirm Email Address:	
2 Clials 6 arr49 41-	a hatta-saf	Contact Method 1	
3. Click "next" on the bottom of		Contact motion 1	
creen.		* Contact Method 1:	Select
		* Number to Attempt:	x
		Occupation Information	
		t What is your occupation type?	Select V

14. Click on "Profile Summary" Attention Required Congratulations, you are now registered for Ohio Responds Volunteer Registry. Your initial regis Ohio Responds Volunteer Registry is now complete. However, additional make you eligible for potential deployments. Please take the time to fill information is needed out all of the sections listed in your Profile Summary. This message will appear each time you return to the Home page until all sections are completed If you would like to set your primary Organization, please click here Summary Identity Deployment Prefs Contact Occupations Training Skills & Certifications Background Check Settings 15. Click on "Identity 📀 In order to make you eligible for potential deployments, all profile information must be complete. Please take the time to fill out each section belt @Identity (incomplete - required fields missing) Deployment Preferences (incomplete - required fields missing) Contact (incomplete - required fields missing) Occupations (incomplete - must complete occupations) () Public Relations Specialist (needs attention - page not visited)
Credentials are the formal qualifications you prospess and are verified by the system Training (incomplete - No courses completed in the last 3 years.) Skills and Certifications (incomplete - page not visited) Background Check Home My Profile Missions Summary Identity Deployment dentity 16. Click on "Edit Information" Edit Information and fill in name, address, and Name and Address date of birth. Pre fix: First Name: Middle Name: Last Name: 17. Click "Save Changes" on Suffix: Address Line 1: the bottom right of screen, once Address Line 2: all information is filled in. City: State: County: Zip Code: Work State:

18. Click on "Deployment Prefs." Answer all questions with a star (*).



19. Click on the remaining sections labeled "Contact, Occupations, Training, and Skills & Certifications" and fill out with your information.

