



Massachusetts
Nurses
Association

Emergency Preparedness Volunteer Information

This contact information may be used by MNA for routine emergency preparedness communications and/or in the event of an emergency or disaster. The information may be shared with emergency relief agencies or organizations. You will periodically be asked by MNA to update your data to keep contact information current.

PLEASE NOTE: MNA strongly encourages nurses to obtain personal professional liability coverage, and to seek training/education in disaster response.

First name: _____ MI: _____ Last name: _____

Please indicate: RN: _____ NP: _____ Retired? Yes _____ No _____

Are you an MNA member? Yes _____ No _____ If not, would you like to be? Yes _____ No _____ *

Nursing area(s) of expertise: _____

Street address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

Mobile number: _____

Email address: _____

Other information or skills (i.e. languages spoken, etc): _____

Please return this form to Mary Crotty (mcrotty@mnarn.org), 781-830-5743 at:

MASSACHUSETTS NURSES ASSOCIATION
340 Turnpike Street, Canton MA 02021

*If you would like to become an MNA member, please call the MNA membership department at 800-882-2056.