



Greater La Crosse Area Medical Reserve Corps

Member Orientation Post-Test

Name: _____

Email Address: _____

Please answer the following post-test questions and return to the Unit Coordinator or Membership section chief:

1. What is the mission of the Greater La Crosse Area Medical Reserve Corps?
2. Please circle the answer to make the statement TRUE. The La Crosse Area MRC **is/is not** a first responder agency.
3. Please fill in the blank. Volunteers must completed _____ hours of participation annually to keep their membership current.
4. MRC Unit Members self-deploy when they become aware of an incident occurring in their area? Please circle your answer? **True** **False**
5. Member expectations include that volunteers will develop their own Family Plans: **True** **False**
6. MRC Members must register with and utilize _____ and _____ for their training information to be updated and to be notified of upcoming trainings.
7. To access the Greater La Crosse MRC webpage directly one would utilize the following web address:
