New Jersey Medical Reserve Corps (MRC) registration process
For individuals who DO NOT have NJLMN accounts.

(Comments in green are answers to commonly asked questions at each step)
Any questions, email the NJLMN helpdesk at njlmn@njlincs.net

Go to https://njlmn.njlincs.net and click on “Register as an existing or new MRC Volunteer”.
(If you google NJLMN you might see a result with a “2”- njlmn2.njlincs.net. This link does NOT take you to the right place.)

• You will see the following screen. Select the last option, BEGIN YOUR REGISTRATION:

Thank you for choosing to volunteer with the NJMRC. Before we set you up to volunteer, you will need to register with the NJLMN. Users who may have volunteered in the past are also required to register with the NJLMN. The registration process includes building your NJLMN profile where we gather information such as your email, password and address.

After you complete the NJLMN registration, your account with the NJLMN will be created and you will proceed to complete the NJMRC application to volunteer. Some information in the NJMRC application is required, as we will need to communicate with our volunteers.

Please remember that volunteering with the MRC is a 2 step process. First create your NJLMN account and second submit an MRC application

Again, thank you and let’s begin your registration.

• If you HAVE ALREADY CREATED AN NJLMN ACCOUNT, you need only sign in by providing your username and password, HERE.

• If you HAVE ALREADY CREATED AN NJLMN ACCOUNT but do not remember your password please use the forgot password page HERE.

• If you HAVE ALREADY CREATED AN NJLMN ACCOUNT but do not remember your username please contact the NJLMN helpdesk HERE.

• If you ARE NOT REGISTERED WITH THE MRC AND WANT TO VOLUNTEER WITH THE NJMRC as a new or existing volunteer please BEGIN YOUR REGISTRATION
• READ and click on “CONTINUE”:

• Check off that you’ve read the Terms of Agreement and click on “Continue”:

• Enter your email address and click on “Submit”. This will become your NJLMN username to log in.

If you receive a message saying “Please provide a different email address” the account already exists. Use the Forgot Password link to retrieve the password.
• Complete the account creation form shown below.
  o Please ensure all required fields (denoted with an *) are completed
  o Password: minimum 6 characters – no other restrictions
  o The “Contact Information” section is for personal/home information.
  o Organization or Name of Employer/School section:
    o For Public Health Role and Type, choose the closest and if you feel none of them are a fit, choose OTHER
    o For Name, if you are retired/not working, please enter a word to best describe your status, ie- student, retiree, volunteer
    o For address information, if student include school address. If you aren’t currently affiliated with an organization or school, use your home information
  o Make sure you click on SUBMIT when complete!
You will see the following:

Your request to create an account is being processed, please do not hit the back button or reload this page.

And THEN you will see this:

- Select either MRC Application or View/Edit MRC Application. You will see the following pop-up warning. Click anywhere outside of the pop-up to complete the application:

> Your application will not be completed until you
  - Select your county of residence,
  - Complete the required fields
  - And click the SAVE MRC Application button at the bottom of the form.

- Complete the application including all required fields:

Volunteers wishing to join the Covid Community Corps, please see separate tutorial with specific instructions on filling out the Non-Medical license section.
**MRC Application**

**County Of Residence**: 
- [ ] select

**MRC ID**
- [ ] 70767
  - (If you have an existing if you please provide this field with your current id. If you do not remember or do not have an ID do not modify this number it is auto generated and used for your MRC ID)

**Contact Information**
- (We will use this information to notify you via mail.)

123 Main Street
Chippewa
AZ
14343

**Text Contact Number**
- [ ]
  - (This number will be used to contact you via phone call and text/SMS)

**Emergency Contact Information**

**Last Name**: 
- [ ]

**First Name**: 
- [ ]

**Street**: 
- [ ]

**City**: 
- [ ]

**State**: 
- [ ]

**Zip**: 
- [ ]

**Cell Phone**: 
- [ ]

**OR Home Phone**: 
- [ ]

**Emergency Email**: 
- [ ]

**Additional Information**

**Language Spoken**: 
- [ ]

**Language Written And Read**: 
- [ ]

**Are You Willing To Travel And Volunteer Outside Your County?**: 
- [ ]

**Are You Willing To Participate In A Federal/County Disaster Emergency Response**: 
- [ ]

**Willing To Provide Interpretation Service**: 
- [ ]

**Have You Been Immunized Against Smallpox**: 
- [ ]

**Do You Have Any Special Skills Or Training? If So Please Explain**: 
- [ ]

**If You Have Committed To Any Other Organization Or Institution By Virtue Of Employment Or Membership In The County Public Health Emergency, Please Explain**: 
- [ ]

**Do You Have Particular Expertise And Are Willing To Be Available For Consultation In Any Of The Areas Throughout The State?**
- [ ]

**If You Are Qualified How Please Describe Your Particular Expertise**: 
- [ ]

**Medical and Non-Medical Licenses and Certifications**

**Add Medical Licenses or Certifications**

**Add Non-Medical Licenses or Certifications**

**Expectations of NJ Medical Reserve Corps Volunteer**

As a volunteer with the New Jersey Medical Reserve Corps, I will be called upon to assist in the event of a public health emergency. I agree to attend an educational program to explain my role in disaster preparedness. I will be assigned duties based on my level of training and experience. I understand that submitting this application does not guarantee acceptance into the NJ Medical Reserve Corps. The information contained in this application is to the best of my knowledge, truthful. I agree to serve my fellow citizens to the best of my professional ability.

- [ ] I Agree to the above statement

Failure to agree to the above statement invalidates application.

**SAVE MRC Application**
A good place to put additional pertinent expertise/certifications/experience not covered in any of the pulldown choices is here:

- When complete, click on **SAVE MRC Application**

You will see the following confirmation screen:

**Your application was submitted!**

Based on your county of residence or specified preferred New Jersey county of volunteer service, a Medical Reserve Corps Unit Coordinator will contact you. If you do not hear back from a MRC Unit Coordinator within several days, please feel free to contact Julie Petix, State Coordinator, NJ Medical Reserve Corps; she may be reached at Julie.Petix@doh.nj.gov.

**What happens next:**

- Your application will be routed to the appropriate MRC Unit Coordinator based on your county of residence. A MRC Unit Coordinator will contact you. If you do not hear back within several days, please feel free to contact Julie Petix, State Coordinator, NJ Medical Reserve Corps at Julie.Petix@doh.nj.gov.
- Any technical questions along the way, email the NJLMN helpdesk at njlmn@njlincs.net

THANK YOU VERY MUCH FOR TAKING THE TIME TO VOLUNTEER

Welcome to the New Jersey Medical Reserve Corps