

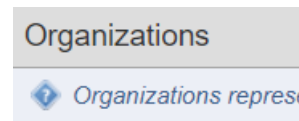
How to register as a volunteer for Minnesota Responds

Go to the website: mnresponds.org

Choose how you want to register:

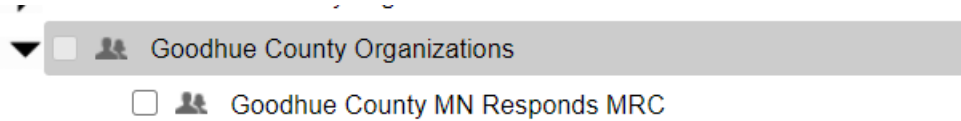


Choosing online registration, you'll get a page where you need to fill out your information.



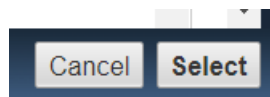
Organizations: click on Add Organizations: [Add Organizations](#)

Then scroll down and choose the arrow by Goodhue County Organizations and check the box by Goodhue County MN Responds MRC:



and choose select in the

bottom right:



Next, create your user name, password, and secret question/answer:

Account Information

Creating an account is the first step in the Minnesota Responds registration process. You will use your account username and

* Username:
The username must be at least 20 (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A-Z, 0-9) and the symbols @, ., -, and _ . Usernames are not case sensitive.

* Password:

* Confirm Password:

* Secret Question:

* Secret Answer:

Agree to the terms of service and privacy policy by clicking in the check boxes:

Terms of Service and Privacy Policy

* Terms of Service: By checking this box, I indicate that I agree to the [Terms of Service](#) and have read and understand the [Privacy Policy](#) for this site. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet to processing and storage facilities supporting this system. I also agree to receive required administrative and legal notices such as this electronically.

* Information Pledge: By checking this box, I pledge to provide only correct information when completing this registration process. I also give consent to Minnesota Responds and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.

Fill in your name and address info:

Name and Address

* First Name:

Middle Name:

* Last Name:

* Address Line 1:

Address Line 2:

* City:

* State/Province:

* County or Tribe of Residence: County Tribe
If you are a tribal member, a tribal designee, or currently employed by a tribal government, please enter a Tribe of Residence.

* Zip Code:

Work State:

Next add your contact information (note you can add more than one by clicking on the Add Email Address or Add Another Contact Method button):

Contact Information

Primary Email Address ✕

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 [clicking here](#).

Confirm Email Address:

[Add Email Address](#)

Contact Method 1 ✕

* Contact Method 1:

* Number to Attempt: x

[Add Another Contact Method](#)

Fill in your Occupation information and give your registration feedback (when you choose your occupation, you will get another dropdown that asks you what your occupation is. Select Other if your occupation is not listed.) Then click Next.

Occupation Information

* What is your occupation type?

Registration Feedback

How did you hear about the site?

If Other, please specify in the comments.

Comments:

Then you will get a pop up:



Click on Profile Summary to complete incompletd areas:

Summary

29 % Complete

In order to make you eligible for potential deployments, all profile information must be complete. Please take th

- ✘ [Identity](#) (incomplete - required fields missing)
Your name, current address, physical characteristics, and ability to operate a licensed motor vehicle.
- ✘ [Deployment Preferences](#) (incomplete - required fields missing)
Your availability for deployments, activity preferences for deployments, and existing emergency response commitments.
- ✘ [Contact](#) (incomplete - required fields missing)
Your contact information and emergency contacts for use during a deployment.
- ✘ [Occupations](#) (incomplete - must complete occupations)
Your professional experience.
ⓘ [Other](#) (needs attention - page not visited)
Credentials are the formal qualifications you possess and are verified by the system.
- ✘ [Training](#) (incomplete - page not visited)
Your completed training courses.
- ✘ [Skills and Certifications](#) (incomplete - page not visited)
Your expertise to be considered for deployment eligibility and prior deployment history.
- ✘ [Medical History](#) (incomplete - required fields missing)
Your health conditions that may affect deployment eligibility and your vaccination history.
- ✔ [Background Check](#) (complete)
Your background check may affect deployment eligibility.

If you choose to register with a paper registration:

Download Paper Registration

If you are unable to register using the online system, you can complete the attached paper registration and submit it to the local public health department in the county you reside in.

[Paper Registration Form](#) (PDF)

You will need Adobe Acrobat Reader Installed on your computer to open and read the PDF files. Adobe Acrobat Reader is free software. Click on the Get Adobe Reader icon to download.

