



HENNEPIN COUNTY
MINNESOTA



Steps to Set Up Better Impact Profile

Public Health MRC Volunteer Program | Dee Thor, MRC Volunteer Program Coordinator

Hennepin County Better Impact

Better Impact is the volunteer database for Hennepin County, and **all** Hennepin County volunteers are required to use Better Impact.

Web Address for Better Impact

- If you're using a computer to complete this form, please use this application form: [Better Impact MRC](#)
- If you're using a mobile to complete this form, please use this mobile application form: [Better Impact MRC](#)

Step 1

Create username or login and continue

I am new to MyImpactPage.com

You will need to enter a unique username to identify yourself to the system. You should select something that is easy for you to remember such as your email address or your name. Your username must be at least 6 characters long. If the name you enter is already in use by someone else, you will be prompted to choose another username.

Username

Email Address

Verify Email Address

I have read and understand my rights as a subject of data.

Save and Continue

I already have a username

If you have signed up with this organization before, or are a member of another organization that uses MyImpactPage.com, you can use the same login to access all organizations with which you are associated.

Username

Password

[Forgot your username or password?](#)

I have read and understand my rights as a subject of data.

Login and Continue

Already use MyImpactPage.com to volunteer with **this organization?**

[Go to volunteer login](#)

Step 2

Complete contact information

Medical Reserve Corps Registration Form

Contact Information

You need to complete all fields flagged (*) as required on this page and on the next one. If you don't fill in all required fields and click save on the next page, your application will not be submitted to Medical Reserve Corp.

ACCOUNT

Username *

Password *

Confirm Password *

NAME FIELDS

First Name *

Last Name *

ADDRESS

Address line 1 *

Address line 2

City *

Country *

State / Province *

Zip / Postal Code *

Email Address *

PHONE NUMBERS

* Please enter at least one phone number

Home Phone

Work Phone

Work Extension

Cell Phone

Phone Preference

TEXT MESSAGING

I want to receive text messages on my cell phone.

Cell Phone Number

MISC FIELDS

Date of Birth *

Region

You need to complete all fields flagged (*) as required on this page and on the next one. If you don't fill in all required fields and click save on the next page, your application will not be submitted to Medical Reserve Corp.

Save and Continue

Medical Reserve Corps Registration Form

Please note that your application will not get submitted until you fill in all fields flagged (*) as required on this page and click the Submit Application button. You'll know your application was successfully submitted if when you click the 'Submit Application' button, it takes you to another screen. If you stay on this screen, it means you missed a required field and your application has not yet been submitted.

Additional Info

Work History

Hennepin County Department *

Demographic Information

Gender *

Ethnicity *

Preferred Pronoun/s *

Do you live in Hennepin County? *

Emergency Contact

If you are under the age of 18, use your parent/legal guardian as your Emergency Contact.

Please provide at least one valid phone number for your emergency contact.

Name *

Primary Phone *

Relationship *

Agreements and Acknowledgments

I read and understand the Your Rights As a Subject of Data statement found in the information box to the right of this field. *

I agree to the Volunteer Application Statement found in the information box to the right of this field.

Please note that your application will not get submitted until you fill in all fields flagged (*) as required on this page and click the Submit Application button. You'll know your application was successfully submitted if when you click the 'Submit Application' button, it takes you to another screen. If you stay on this screen, it means you missed a required field and your application has not yet been submitted.

Submit Application

Step 3

Complete additional information and submit application

Registration Completed!

HENNEPIN COUNTY
MINNESOTA

You can

mentor
respond
strengthen
improve



make a
difference.
Here.

Medical Reserve Corps Registration Form

Application Complete

Thank you for your interest in volunteering. Click one of the options below.

Be sure to check your email for some important information from us and we will follow up with you again as soon as we can.

[Go to my profile](#) [Log out](#)

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