

## Warren County Medical Reserve Corp

240 S Main St Monmouth, IL 61462 (309)734-1314

## **VOLUNTEER APPLICATION**

Volunteers must be 18 years or older.

Please type or print (must be legible and signed, or application will be denied).

Optional: Include your resume and references with application.

Name								
Street Address (Mailing)								
City		State			Zip			
Home Phone	Work	Phone		Cell Phone				
Email				Text Capability: Y	N			
Email				Employer				
Type: Healthcare Professional:  Doctor (all categories)  Nurse Pharmacy Other	Type:	Non Healthcare		sted means of comm Email to above Mail to above addres Mail to				
For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number			State License Held:  Degree(s) Obtained:					
Valid: Y N Expires:  Emergency Contact  Name:  Relationship: Phone:				Please list your availability below:				
A Criminal Background Check is REQUIRED for all volunteers of Warren County.  'YES, I acknowledge a background check will be performed. Birthdate:// (m/d/yr)  Other Names Used								
Signature	ture Date:							
Valid Driver's License: Yes No State: D/L#:								

## **Privacy Act Statement**

This information is requested by the Warren County Medical Reserve Corps for the purpose of organizing volunteers and staff to respond to area emergencies, disasters or public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law.

Please Mail to: Warren County Health Department

Medical Reserve Corps (MRC) - Volunteer Coordinator

240 S Main St

Monmouth, II 61462 Questions:call (309) 734-1314 or email wchd@warrencohealth.com

## **ADDITIONAL INFORMATION**

Question	Yes	No		<b>Comment</b>
Are you willing to travel and volunteer outside of your county?			-	
Are you willing to participate in a federally coordinated emergency response?			_	
Do you speak a foreign language?			_	
Are you willing to provide translation service?			_	
Do you have ability to communicate using sign language?			_	
Do you have any special needs or restrictions? If so, please explain			_	
Are you committed to any other organization or institution, by virtue of employment or volunteerism, in the event of a public health emergency? If yes, please explain.			_	
PLEASE CHECK A	ALL A	PPLICA	BLE SK	<u> XILLS</u>
Medical  Physician Physician Assistant Retired Physician Emergency Medical Professional (Paramedic, EM)  Veterinarian Veterinarian Technician	Equipment  Heavy Equipment Chainsaw Generator Other  Type:			
First Aid CPR Triage Nurse Retired Nurse Retired Other Health Care Professional Pharmacist Pharmacist Technician Other:		Searc Runn Secur Child Food Auto Shelte Crow Spirit	Care Preparation Repair/Towing or Management d Control ual Counseling	
Communication  Office Support CB or HAM Operator Hotline Operator Web Page Design Computer Skills & Networking Phone Receptionist Desktop Support Data Entry Software Clerical Work (filing & copying) Labor/Logistics Transportation			Traffic  Educa  Anima  Anima  Social  Acet/F  Couns  Facilit  Lodgin  Manag	ıl Rescue ıl Care
☐ Inventory Supplies ☐ Loading/Shipping ☐ Sorting/Packing ☐ Clean Up ☐ Operate Equipment  Type:  Please include any other interested not listed above	<b>:</b> :			teer Services