



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District



Volunteer Application

Name _____ Date _____

Home (Street) Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

E-Mail _____ Date of Birth _____ SS#: _____

Educational Background	
Dates	Dates
Institution	Institution
Major	Major
Degree	Degree

Illinois State Licensure/ Certification (check one)

Active Inactive Retired None

Date of expiration (License Number Date of expiration)

****If a health professional, please enclose a copy of your current license/cert. If retired or inactive, enclose copy of diploma****

Current Training Certificates (all applicants)

CPR/AED Exp. Date

Medical License License #
Exp. Date

State Issued

Health Care Professional License Exp. Date

License Type

***Please enclose a copy of your current certificate(s)**

Employment

Job Position	Occupation	Employer
Work Address	Phone #	Worked From -
Job Position	Occupation	Employer

Work Address Phone # Worked From -

Job Position Occupation Employer

Work Address Phone # Worked From -

Are you obligated to another emergency/disaster response team (hospital, Red Cross, etc?)
 Yes No If yes, identify obligation

Availability

<input type="checkbox"/> AM	<input type="checkbox"/> PM	Monday
<input type="checkbox"/> AM	<input type="checkbox"/> PM	Tuesday
<input type="checkbox"/> AM	<input type="checkbox"/> PM	Wednesday
<input type="checkbox"/> AM	<input type="checkbox"/> PM	Thursday
<input type="checkbox"/> AM	<input type="checkbox"/> PM	Friday
<input type="checkbox"/> AM	<input type="checkbox"/> PM	Saturday
<input type="checkbox"/> AM	<input type="checkbox"/> PM	Sunday

Additional information

Has your drivers' license ever been suspended or revoked? Yes No

If yes, please explain

Are you licensed to operate a motor vehicle in the state of Illinois? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain

Have you ever been convicted of a misdemeanor, including a DUI resulting in imprisonment within the last 24 months? Yes No

If yes, please describe

References (Please provide 2 business and 1 personal)

Name Company Address City

State Phone Number

Name Company Address City

State Phone Number

Name Company Address City

State

Phone Number

In what area(s) do you feel you could participate during an emergency or public health situation?

- Vaccinator Medical Screener Mental Health Consultant Greeter
 Other

Please Check ALL Applicable Skills

Medical

- | | | |
|---|--|-----------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Nurse | Specialty |
| <input type="checkbox"/> Emergency Medical Professional | <input type="checkbox"/> Pharmacist | |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Pharmacist Technician | |
| <input type="checkbox"/> Triage | <input type="checkbox"/> Veterinarian Technician | |

Communication

- | | |
|---|--|
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Phone Receptionist |
| <input type="checkbox"/> CB or HAM Operator | <input type="checkbox"/> Data Entry Software |
| <input type="checkbox"/> Hotline Operator | <input type="checkbox"/> Clerical (filing & copying) |
| <input type="checkbox"/> Web Page Design | |

Languages other than English

- | | |
|----------------------------------|--|
| <input type="checkbox"/> French | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |

Services

- | | | |
|---|--|--|
| <input type="checkbox"/> Language Translation | <input type="checkbox"/> Shelter Management | <input type="checkbox"/> Animal Care |
| <input type="checkbox"/> Search & Rescue | <input type="checkbox"/> Crowd Control | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Runner/Messenger | <input type="checkbox"/> Spiritual Counseling | <input type="checkbox"/> Acct. /Finance Consulting |
| <input type="checkbox"/> Security | <input type="checkbox"/> Elderly/Disabled Assistance | |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Traffic Control | |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Auto Repair/Towing | <input type="checkbox"/> Animal Rescue | |

Structural

- | | | |
|---|-------------------------------------|-------|
| <input type="checkbox"/> Damage Assessment | <input type="checkbox"/> Plumbing | Cert# |
| <input type="checkbox"/> Metal Construction | <input type="checkbox"/> Electrical | |
| <input type="checkbox"/> Wood Construction | <input type="checkbox"/> Roofing | |
| <input type="checkbox"/> Block Construction | | |

Transportation

- | | | |
|---|---|---|
| <input type="checkbox"/> Mini Van | <input type="checkbox"/> Boat/Canoe/Raft (circle which one) | |
| <input type="checkbox"/> Maxi-can (capacity) | <input type="checkbox"/> Off Road Vehicle (4wd/truck) | |
| <input type="checkbox"/> Commercial Driver (Class | License # |) |

Labor

- | | | |
|---|--|--------|
| <input type="checkbox"/> Loading/Shipping | <input type="checkbox"/> Clean-up | Types: |
| <input type="checkbox"/> Sorting/Packing | <input type="checkbox"/> Operate Equipment | |

Equipment

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Chainsaw | <input type="checkbox"/> Other |

Administrative

Have experience supervising others

Organizational Skills

Do you have an amateur radio license? Yes No If yes, please describe

How often would you like to volunteer?

Occasionally

Frequently

Only in an emergency

Not sure

Are you interested in attending training sessions or participating in practicing drills? (participation at a minimum number of events is required) Yes No

Immunizations Received

Tetanus

Date (M/DD/YR)

Smallpox

Date

Anthrax

Date

Other

Date

Other Pertinent Information (include allergies, special considerations/limitations, etc.)

Application Verification

1. The information provided is complete and true. If information given on this application is untrue or incomplete, I understand my assignment maybe terminated.
2. I have disclosed any felony conviction. I agree to a background check, verification of the statements contained herein and additional screening procedures. I understand this may include my educational background, references, licenses, police records and employment history and volunteer history. I also give permission for the holder of any such information released to this agency.
3. I hold this agency harmless of any liability, criminal or civil, which may arise as a result of this information about me. I also hold harmless any individual or organization that provides information to this agency. I understand that this agency will use this information only as part of its verification of my volunteer application.
4. I understand that my own insurance will be used as coverage for illnesses and injuries and that I am ultimately responsible for any costs incurred.
5. I agree to respect the rights, property and confidentiality of emergency workers and individuals affected by the disaster.
6. I agree to adhere to the rules/instructions of my job assignment(s) so not to jeopardize relief operations or procedures.
7. I agree to uphold the mission of the health agency in the event of a disaster.

Signature

Date

E.M.A Oath Requirement

Each Champaign County Health Department Medical Reserve Corp applicant is obligated to read and sign the oath of the Champaign County Emergency Agency (E.M.A). The purpose of such oath is designed to protect the integrity of the laws established by the Constitution of the United States and that of the State of Illinois; in addition, agreeing upon not to individually or in part to overthrow the Government of the United States by any means. Upon the applicant's signature of the Champaign County Emergency Management Agency Oath, the applicant will receive benefits under the Worker's Compensation Act and the Worker's Occupational Disease Act which will be available to volunteers suffering disease, injury or death in exercises, training related to the EOP or specific search-and-rescue team responses, subject to the requirements or conditions set forth in this Subpart.

Oath Required of E.M.A Personnel

I, _____, do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and territory, institutions and facilities thereof, both public and private, against all enemies, foreign and domestic that I take this obligation freely, without any mental reservation or purpose of evasion and that I will and faithfully discharge duties upon which I am about to enter. And I do further swear (or affirm) that I do not advocate, nor am I nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence; and that during such time as I am affiliated with the Champaign County Emergency Management Agency. I will not advocate, nor become a member of any political party or organization that advocates that overthrow of the government of the United States, or of this State by force or violence.

Signature

Date of Birth

Phone Number

Street Address

City

State

Zip Code

Please Send To:

**CUPHD
Attn: Jane Li
201 W. Kenyon Road
Champaign, IL 61820**