



Public Health

Prevent. Promote. Protect.

Champaign-Urbana Public Health District



Medical Reserve Corps 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

AM

PM

Monday

AM

PM

Tuesday

AM

PM

Wednesday

AM

PM

Thursday

AM

PM

Friday

AM

PM

Saturday

AM

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

- | | |
|---|--|
| <input type="checkbox"/> Have experience supervising others | <input type="checkbox"/> 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

<input type="checkbox"/> Tetanus	Date (M/DD/YR)
<input type="checkbox"/> Smallpox	Date
<input type="checkbox"/> Anthrax	Date
<input type="checkbox"/> 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

