



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 -



Please Check ALL Applicable Skills

Medical

Doctor	Nurse	Specialty
Emergency Medical Professional	Pharmacist	
Veterinarian	Pharmacist Technician	
Triage	Veterinarian Technician	

Communication

Office Support		
CB or HAM Operator	Phone Receptionist	
Hotline Operator	Data Entry	Software
Web Page Design	Clerical (filing & copying)	

Languages other than English

French	Sign Language
Spanish	Other

Services

Language Translation	Shelter Management	Animal Care
Search & Rescue	Crowd Control	Social Work
Runner/Messenger	Spiritual Counseling	Acct. /Finance Consulting
Security	Elderly/Disabled Assistance	
Child Care	Traffic Control	
Food Preparation	Education	
Auto Repair/Towing	Animal Rescue	

Structural

Damage Assessment	Plumbing	Cert#
Metal Construction	Electrical	
Wood Construction	Roofing	
Block Construction		

Transportation

Mini Van	Boat/Canoe/Raft (circle which one)	
Maxi-can (capacity)	Off Road Vehicle (4wd/truck)	
Commercial Driver (Class	License #	)

Labor

Loading/Shipping	Clean-up	
Sorting/Packing	Operate Equipment	Types:

Equipment

Heavy Equipment	Generator
Chainsaw	Other

Administrative

Have experience supervising others	Organizational Skills
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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	

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:**

**Champaign-Urbana Public Health District  
Attn: John Dwyer  
201 W. Kenyon Road  
Champaign, IL 61820**

**jdwyer@c-uphd.org**