



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			
				Text Capability: Y	Ν		
Email				Employer			
Type: Healthcare Professional: □ Doctor (all categories) □ Nurse □ Pharmacy	Type:	Non Healthcare		sted means of comm Email to above Mail to above addres Mail to			
Other							
For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number			State License Held: Degree(s) Obtained:				
Valid: Y N Expires: Emergency Contact			Please list your availability below:				
Name:							
Relationship: A Criminal Background Check is			en Count	у.			
 YES, I acknowledge a background check will be performed. Birthdate:// (m/d/yr) Other Names Used 							
Cimeture							
Signature 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	Comment			
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 ALL APPLICABLE SKILLS						
Medical Physician Assistant Physician Assistant Retired Physician Veterinarian Veterinarian Technician First Aid CPR Triage Nurse Retired Nurse Retired Other Health Care Professional Pharmacist Pharmacist Technician Other:		Equipme	nt Heavy Equipment Chainsaw Generator Other Type: Language Translation Search & Rescue Runner/Messenger Security Child Care Food Preparation Auto Repair/Towing Shelter Management Crowd Control Spiritual Counseling Elderly/Disabled Assistance Traffic Control Education Animal Rescue Animal Care Social Work Acct/Finance Consulting Counseling Skills Facility Management Lodging Services Managerial Services Managerial Services Volunteer Services			

Please include any other interested not listed above: