



# WARREN COUNTY MEDICAL RESERVE CORP VOLUNTEER APPLICATION

## ***PERSONAL INFORMATION***

Name: (first, middle, last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: (city, state, zip) \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Driver's License Number: (needed to conduct background check) \_\_\_\_\_

Social Security Number: (needed to conduct background check) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Home: \_\_\_\_\_ Cell \_\_\_\_\_

Race: \_\_\_ American Indian/Alaskan Native \_\_\_ Asian or Pacific Islander \_\_\_ Caucasian

\_\_\_ African American \_\_\_ Other: \_\_\_\_\_ (needed to conduct background check)

Describe any activity restrictions: (Physical, Medical or Mental) \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_

Are you currently charged with or have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

What is your shirt size? \_\_\_\_\_ (This will be provided for you.)

## ***EMPLOYMENT INFORMATION***

Place of Employment: \_\_\_\_\_

Title/License: \_\_\_\_\_

## ***SKILLS & QUALIFICATIONS***

Fluency in Language(s) other than English: \_\_\_\_\_

Licenses/Professional Certifications or license numbers: \_\_\_\_\_

\_\_\_\_\_ (credentials will be verified)

Professional Background: \_\_\_\_\_

\_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_

Computer Skills: \_\_\_\_\_

\_\_\_\_\_

Prior or Current Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Prior Disaster Relief Experience: \_\_\_\_\_

Other Skills (please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative/Secretarial                | <input type="checkbox"/> Mental Health Counselor/  |
| <input type="checkbox"/> Accounting/Finance/Bookkeeping            | <input type="checkbox"/> Social Worker             |
| <input type="checkbox"/> Civil Service (Police, Firefighter, etc)  | <input type="checkbox"/> Management                |
| <input type="checkbox"/> Child Care                                | <input type="checkbox"/> Technical/IT Professional |
| <input type="checkbox"/> Clergy                                    | <input type="checkbox"/> Trade: _____              |
| <input type="checkbox"/> Customer Service                          | <input type="checkbox"/> Transportation/Truck-Bus  |
| <input type="checkbox"/> Food Service (Help prepare & serve meals) | <input type="checkbox"/> Driver                    |
| <input type="checkbox"/> Health Services (Doctor, Nurse, EMT)      | <input type="checkbox"/> Other _____               |

### VOLUNTEER AGREEMENT

1. The information provided is complete and true. If information given on this application is incomplete or untrue, I understand my assignment may be terminated.
2. I have disclosed any felony convictions. I agree to background check, verification of the statements contained herein and additional screening procedures.
3. I understand that my own insurance may be used as coverage for illnesses and injuries and that I may ultimately be responsible for any costs incurred.
4. I agree to respect the rights, property and confidentiality of emergency worker and individuals affect by disaster.
5. I agree to adhere to the rules/instructions of my job assignment(s) so as not to jeopardize relief operations or procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Ways to get us your information:**

### **Scan and Email:**

[jlink@warrencohealth.com](mailto:jlink@warrencohealth.com)

This will go directly to Jenna Link, Administrator, Warren County Health Department

### **Fax:**

Attn. Jenna Link

(309) 734- 1315

### **Mail:**

Warren County Health Department

C/O Jenna Link

240 S. Main St.

Monmouth, IL 61462

### **Drop Off:**

Feel free to drop the registration form off at any time Monday through Thursday from 8-4.