



McDonough County Health Department
Medical Reserve Corps
Volunteer Information Sheet



Please complete the below sections, in full, to the best of your ability. Let the coordinator know if you have any questions, comments or suggestions regarding this form. This form will not affect your ability to volunteer, it allows the MCHD-MRC coordinator to place you in the proper volunteer role during emergency situations. When responding to a disaster or exercise ensure that you are dressed appropriately and safely for the tasks that you will be volunteering for.

I. Personal Contact Information

Last Name: _____ First Name: _____ MI: _____

E-mail Address: _____

II. Volunteer Availability

A. My availability is (please choose one):

- Ongoing
- Ongoing, except for between these dates: _____
- Only between these dates: _____

B. I would like to serve up to _____ hours per (choose one) day week month emergencies only

C. Would you be willing to volunteer outside of the current city in which you reside (but within Macomb County)?
 Yes No

D. Would you be willing to volunteer outside of McDonough County (but within the state of Illinois)?
 Yes No

E. Would you be willing to volunteer outside of the state of Illinois? Yes No

III. Office and Administrative Skills

F. How much experience do you have using a desktop or laptop computer?

- I do this routinely (at least once a week)
- I do not do this routinely, but have experience and would be able to if needed
- I have no experience with this.

G. How much experience do you have entering data into a computer database?

- I do this routinely (at least once a week)
- I do not do this routinely, but have experience and would be able to if needed
- I have no experience with this.

H. Do you have access to the Internet at home? Yes No

I. Are you able to receive E-mail at home? Yes No

J. Do you or have you supervised staff or volunteers? Yes No

a. If yes, how many have you supervised at one time? _____

- K. Do you have a valid Illinois driver's license? Yes No
- L. Do you have a commercial driver's license (CDL)? Yes No
- M. Do you have a private vehicle that you would be able to use in an emergency? Yes No
- N. Do you have experience as a telephone operator or on a short-wave radio? Yes No

IV. Training

A. Training

1. Are you familiar with the Incident Command System of Emergency Management? Yes No

If yes, indicate level of training: none some fully trained

2. Are you familiar with basic principles of epidemiology? Yes No

If yes, indicate level of training: none some fully trained

3. Have you had any training in terrorism preparedness or emergency response to terrorism (i.e. chemical, biological, radiological, etc.)? Yes No

If yes, please specify type of training:

B. Do you volunteer or work in a hospital or clinic setting?

- I do this routinely (at least once a month)
- I do not do this routinely, but have prior experience and would be able to if needed
- I have no experience with this

C. List all local hospital (s) you are most familiar with:

D. Do you have specific training or refresher needs? Please be specific.

IX. Professional Clinical/Medical Skills

A. Have you had experience with interviewing people using a standardized questionnaire?

- I do this routinely (at least once a month)
- I do not do this routinely, but have prior experience and would be able to if needed
- I have no experience with this.

B. Have you had experience with the general public or large groups?

- I do this routinely (at least once a month)
- I do not do this routinely, but have prior experience and would be able to if needed
- I have no experience with this.

C. Have you been trained to draw blood?

- I do this routinely (at least once a month)

If yes, indicate which group or groups you have experience with in drawing blood

adults children infants

I do not do this routinely, but have prior experience and would be able to if needed

If yes, indicate which group or groups you have experience with in drawing blood

adults children infants

I have no experience with this.

D. Have you been trained to give injections?

I do this routinely (at least once a month)

If yes, Please specify if you have experience giving the following types of injections:

intramuscular subcutaneous intradermal

Indicate which group or groups you have experience with in giving injections:

adults children infants

I do not do this routinely, but have prior experience and would be able to if needed

If yes, Please specify if you have experience giving the following types of injections:

intramuscular subcutaneous intradermal

Indicate which group or groups you have experience with in giving injections:

adults children infants

I have no experience with this.

E. Have you ever administered smallpox vaccine?

Yes

No

F. Have you ever worked on an outbreak investigation?

Yes

No

If yes, in which of the following activities did you participate? (Check all that apply)

Patient/contact interviews

Chart review

Data entry

Staffed telephone hotline

Vaccination

Interpreter

Other: _____

VIII. Additional Questions

List other skills that you have which may be valuable during **disease outbreaks** or **emergency situations**.

List additional skills/hobbies which may be valuable for **general volunteering or non-emergencies**.

Please enter "N/A" if not interested in volunteering during non-emergency situations.

Are you interested in learning more about volunteer leadership opportunities within the MCHD MRC? **If yes**, you may be contacted by a volunteer coordinator to schedule an appointment to meet to discuss these opportunities.

Yes

No