



McDonough County Health Department MRC Volunteer Application



Please complete the following application to become a member of the McDonough County Health Department Medical Reserve Corps. **You must be 18 years of age and able to provide requested identification, background check and complete required trainings within 6 months of application.**

PERSONAL CONTACT INFORMATION		
Last Name:	First Name:	MI:
Current Address:		
City:	State:	Zip Code:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian
Home Phone:	Alternate Phone:	
Cell Phone:	May we contact you via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address: Our primary way of contacting you is email. If you do not have an email address but have someone who can relay information to you, please provide their email address.		
WORK CONTACT INFORMATION		
Current or Previous Employer:		
Career Path:	*In the event of an emergency response, would you be able and/or willing to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No *Choosing "Yes" does not obligate you to volunteer during an emergency but allows us to contact you when volunteer resources are needed.	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired	Would your employer allow you to participate in an emergency response during normal work hours? <input type="checkbox"/> Yes <input type="checkbox"/> No It is understood that a person's job may have priority over a volunteer response. The above answer(s) will not have any influence on the acceptance of this application.	
EMERGENCY CONTACT INFORMATION		
Emergency Contact Name:	Relationship:	
Phone:	Alternate Phone:	
Emergency Contact Name (optional):	Relationship:	
Phone:	Alternate Phone:	

CERTIFICATIONS/LICENSES/SPECIALTIES

Certification(s):	Certification Number(s):
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License(s):	License Number(s):
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Specialties:

Interests/Hobbies:

Languages Spoken (Other than English):

Skills:

If you have experience in the following areas – please check all that apply:

<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Paramedic	<input type="checkbox"/> EMT	<input type="checkbox"/> 1 st Responder	<input type="checkbox"/> Police
<input type="checkbox"/> Fire	<input type="checkbox"/> CAP	<input type="checkbox"/> Hazemat	<input type="checkbox"/> Other:		

If you have completed any FEMA training – please check all that apply:

<input type="checkbox"/> IS 100 or equivalent	<input type="checkbox"/> IS 200 or equivalent	<input type="checkbox"/> IS 700 or equivalent	<input type="checkbox"/> IS 800 or equivalent	<input type="checkbox"/> Other:
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Other volunteer organizations you belong to:

Level of Participation Desired: I prefer to be:

ACTIVE Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities

LIMITED Receive only notification of training drills & exercises and all emergency events

NON-EMERGENCY Only volunteer for non-emergency events, such as the County Animal Shelter

How did you hear about our program?

MCDONOUGH COUNTY HEALTH DEPARTMENT MRC CONSENT

I understand that all of the information I've provided on this application will be held confidential within the McDonough County Health Department (MCHD) and is restricted for use by the MCHD Medical Reserve Corps (MCHD-MRC). I give permission to the MCHD-MRC to inquire into my personal and work contact information, licensure, and certifications.

I understand and agree that submitting this application form does not automatically register me as a MCHD-MRC volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures and a criminal background check before I may begin volunteering.

By submitting this form, I agree to a criminal background check and attest that the information I have provided is true and accurate. I am not giving up any of my legal rights by volunteering in the MCHD-MRC and have the opportunity to ask questions and to cease volunteering at any time.

When responding to a disaster or exercise ensure that you are dressed appropriately and safely for the tasks that you will be volunteering for.

Signature of Applicant:

Print Name of Applicant:	Date:
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Once completed return the application and a copy of your drivers license to: Niki Duffy, Emergency Response Coordinator (ERC).

McDonough County Health Department 505 E. Jackson Macomb	Or	nduffy@mchdept.com	Or	Fax: (309) 837-1100
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