

St. Clair County Medical Reserve Corps

19 Public Square, Suite 150 Belleville, Il 62220 (618) 825-4450

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		1	Zip			
Home Phone	Work	Phone		Cell Phone				
Email				Text Capability: Y	N			
Email				Employer				
Type: Healthcare Professional: Doctor (all categories) Nurse Pharmacy Other	Type:	Non Healthcare	_	sted means of commu Email to above Mail to above address Mail to	inication:			
For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number Valid: Y N Expires:			State License Held: Degree(s) Obtained:					
Valid: Y N Expires: Emergency Contact Name: Relationship: Phone:				Please list your availability below:				
A Criminal Background Check is REQUIRED for all volunteers of St. Clair County. YES, I acknowledge a background check will be performed. Birthdate:// (m/d/yr) Other Names Used								
Signature	nature Date:							
Valid Driver's License: Yes	No S	State: D/L#:						

Privacy Act Statement

This information is requested by the St. Clair 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: St. Clair County Health Department

Medical Reserve Corps (MRC) - Volunteer Coordinator

19 Public Square, Suite 150

Belleville, II 62220 Questions:call (618) 825-4450 or email MRC1779@co.st-clair.il.us

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 A	ALL A	PPLICA	BLE SK	<u> XILLS</u>
Medical Physician Physician Assistant Retired Physician Emergency Medical Professional (Paramedic, EM) Veterinarian Veterinarian Technician	Equipment Heavy Equipment Chainsaw Generator Other Type:			
First Aid CPR Triage Nurse Retired Nurse Retired Other Health Care Professional Pharmacist Pharmacist Technician Other:		Searc Runn Secur Child Food Auto Shelte Crow Spirit	Care Preparation Repair/Towing er Management d Control ual Counseling	
Communication Office Support CB or HAM Operator Hotline Operator Web Page Design Computer Skills & Networking Phone Receptionist Desktop Support Data Entry Software Clerical Work (filing & copying) Labor/Logistics Transportation			Traffic Educa Anima Anima Social Acet/F Couns Facilit Lodgin Manag	ıl Rescue ıl Care
☐ Inventory Supplies ☐ Loading/Shipping ☐ Sorting/Packing ☐ Clean Up ☐ Operate Equipment Type: Please include any other interested not listed above	: :			teer Services