



**Macon County
Medical Reserve Corps**
1221 E. Condit St.
Decatur, IL 62521
Telephone: 217-423-6988 x1133
Facsimile: 217-233-1696
mrc@maconcountyhealth.org

VOLUNTEER APPLICATION

Please print or type

Name (last, first, mi)				<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Street Address (Mailing)				Driver's License #			
City		State	Zip		Social Security #		
Home Phone		Work Phone		Cell Phone			
Email (home and/or work)				Employer (current or most recent)			
Type: Healthcare Professional: <input type="checkbox"/> Doctor (all categories) <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____		Type: Non Healthcare <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		Requested means of communication: <input type="checkbox"/> Mail to above address <input type="checkbox"/> Mail to _____ <input type="checkbox"/> Email to above			
For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number Valid Y/N Expires: _____				Second Language		# of People in Household Adults _____ Children under 100 pounds _____	
				State License Held		Degree(s) Obtained	
<input type="checkbox"/> Emergent: I wish to participate in emergencies (this includes training/exercise opportunities)				<input type="checkbox"/> Non-Emergent: I wish to participate in community Public Health programs			
Level of Participation Desired: I prefer to be: <input type="checkbox"/> Full Participation Receives notifications of ALL training opportunities, training drills & exercises, emergency events, and volunteer opportunities <input type="checkbox"/> Limited Participation Receives only notification of required training and/or exercises and emergency events <i>NOTE: All volunteers are required to attend the orientation training.</i>							
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No A misdemeanor (other than a traffic violation) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:							
A Criminal Background Check will be required of volunteers: <input type="checkbox"/> YES, I agree that a background check may be performed. Birthdate ___/___/___ Other Names _____							
In the event of an emergency, I would be willing to travel (Circle all that apply) Within Decatur city limits Within Macon County To neighboring counties if need exists							
What would you consider your strengths?							

Privacy Act Statement

This information is requested by the Macon 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.

The Macon County Health Department does not discriminate on the basis of race, color, age, sex, religion, creed, national origin, ancestry, veteran status or disability. No question on this application is intended to secure information to be used for such discrimination. Information, such as social security number, driver's license and medical license will be used to conduct background checks. This information will be kept strictly confidential.

Please complete both sides of form

Please check when you are available for training. Sessions will generally last two hours.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Which best describes your current or most recent work experiences?

- Hospital Clinic Public Health Assisted Living or Long-Term Care Facility
 Emergency Medical Services I am not currently working I am retired

Other Describe: _____

List any specialized medical training you have had, for example board certifications, emergency first aid, CPR:

Will you need recertification training in the next 12 months? Yes No

Do you have any physical limitations or restrictions? Yes No

If yes, please explain: _____

Personal or Professional References:

1. _____
2. _____
3. _____

Macon County Medical Reserve Corps Volunteer Agreement

- Information provided is complete and true. If information given on this application is incomplete or untrue, I understand my MRC assignment may be terminated.
- If I have a medical license, I understand a credentialing verification process will occur.
- I have disclosed any felony convictions. I agree to a background check, verification of the statements contained herein and additional screening procedures.
- I agree to respect the rights, property and confidentiality of emergency workers and individuals affected by disaster.
- I agree to keep individuals' health information private and confidential.
- I agree to adhere to the rules and instructions of my job assignment(s) so as not to jeopardize relief operations or procedures.
- I understand that while under the direction of the Macon County Health Department as an authorized volunteer, I will be covered by the County as if I were covered by the Illinois Worker's Compensation Act.

Signature: _____ Date: _____

Please mail completed application to: Macon County Health Department,
Attn: Emergency Preparedness, 1221 E Condit St, Decatur IL 62521-1405

Please complete both sides of form