Please check when you are available for training. Sessions will generally last one hour.

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Are you medically trained with a current license from the IL Division of Professional Regulations?  
☐ Yes  ☐ No  If yes, IL License #______________ and profession category: ____________________________

What do you consider to be your strengths? _______________________________________________________

What activity would you most feel comfortable with:  ☐ Educator,  ☐ Interviewer,  ☐ Screener,  
☐ Medication/Vaccination Administrator

In the event of an emergency, I would be willing to travel (check appropriate box(es)):
☐ within Decatur city limits   ☐ within Macon County   ☐ to neighboring counties if the need exists.

Indicate the number people currently in your household:
# of adults ___________  # of children under 100 pounds ___________
**Employer Information (Current or Most Recent)**

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Address</th>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Position Title</th>
</tr>
</thead>
</table>

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: _________________________________________________________________________________

Besides English, list any language you speak fluently:

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: ______________________________________________________

Do you have any convictions that would disqualify you from helping in the event of an emergency?

☐ Yes  ☐ No  If yes, please explain:________________________________________

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**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.
- 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 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, I will be covered by the health department for any injuries incurred.

Signature: ________________________________  Date: ____________________________

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