



South Central Illinois (SCI) Medical Reserve Corps (MRC)

Main Office: 930 A Fairfax, Carlyle, IL 62231
Telephone: 618-594-2723; Facsimile: 618-594-5474
Satellite Office: 177 S. Washington
Nashville, IL 62293 (618) 327-3644
Email: september.mcadoo@clintonco.illinois.gov

VOLUNTEER APPLICATION

Please print or type

Name			
Street Address (Mailing)			
City		State	
Home Phone		Work Phone	Cell Phone
Email		Employer	
Type: Healthcare Professional <input type="checkbox"/> Doctor (all categories) <input type="checkbox"/> Nurse (all categories) <input type="checkbox"/> EMT/Paramedic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Technician _____ <input type="checkbox"/> Other _____	Type: Non Healthcare Skill/Interest Area <input type="checkbox"/> Education <input type="checkbox"/> Administration <input type="checkbox"/> Communications <input type="checkbox"/> Mechanic/Maint. <input type="checkbox"/> Other _____	Requested means of communication: <input type="checkbox"/> Mail to above address <input type="checkbox"/> Mail to _____ <input type="checkbox"/> Email to above address In Case of Emergency, Please Contact: Name _____ Phone _____ Relationship: _____	
For All Healthcare Professionals: Please indicate License Number or Certificate/Registration # _____ Alternate Name: _____ Valid Y / N Verified: _____ Expires: _____		Second Language _____ Third Language _____	State License Held _____ Degree(s) Obtained _____
Level of Participation Desired: I prefer to be <input type="checkbox"/> ACTIVE Receives notification of ALL training opportunities, drills, exercises, and emergency events, as well as non-emergency community service opportunities <input type="checkbox"/> LIMITED Receives notification of training drills, exercises and all emergency events <input type="checkbox"/> EMERGENCY ONLY Receives notification of emergency events only <input type="checkbox"/> SERVICE ONLY Participates in non-emergency, community service (i.e. health initiatives, public education) <i>NOTE: All Active volunteers are required to complete the MRC orientation, training in Core Competencies and be currently certified in CPR/First Aid. Additional training for specific positions and team leaders may also be required. Advanced training is optional for Limited and Emergency-Only volunteers at this time. Service-Only volunteers participate in training on a case-by-case basis.</i>			
Have you ever been convicted of a felony? Yes No A misdemeanor (other than a traffic violation) Yes / No If yes, please explain: _____			
A Criminal Background Check is required of all volunteers: <input type="checkbox"/> YES, I agree that a Background Check may be performed. Birthdate ___/___/___ Other Names _____ <input type="checkbox"/> NO, Do not perform a Background Check (Refusal will eliminate you from consideration for volunteer service.)			
Credentials, Professional Licenses and Certifications: <input type="checkbox"/> YES, I agree to have my professional credentials verified before volunteering in a professional capacity			
Which Community would you prefer to serve in? Please circle all choice(s) Anywhere in Bi-County Area, Addieville, Albers/Damiansville, Ashley, Aviston, Bartelso, Beckemeyer, Breese/St.Rose, Carlyle/Keyesport, Centralia/Shattuc/Wamac, Dubois, Elkton, Germantown, Hoffman, Hoyleton, Huebely, Huey/Ferrin/Boulder, Irvington, Lively Grove, Nashville, New Baden, New Minden, Oakdale, Okawville, Posen, Radom, Richview, Trenton, Venedy			
WILLING TO DEPLOY OUTSIDE OF CLINTON and WASHINGTON COUNTIES Y/ N		Valid D/L? Yes / No State: _____ D/L#: _____	
Signature		Date	

Privacy Act Statement

This information is requested by the South Central Illinois Medical Reserve Corps for the purpose of organizing volunteers and staff to respond to public health emergencies or disasters. It will not be used or released for any other purpose without your express written permission unless required by law.

Please email application to: september.mcadoo@clintonco.illinois.gov
Or fax application to: (618) 594-5474
You may also mail the application to: Clinton County Health Department
Attn: Office of Emergency Preparedness & Response - 930 A Fairfax St, Carlyle, IL 62231
For more information, please call the MRC Director at (618) 594-2723 or (618) 335-8364
<https://www.facebook.com/SouthCentralIllinoisMedicalReserveCorps>

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1/2015

NAME: _____ ADDRESS: _____ PHONE: _____

SKILLS: Please check all that apply.

COMMUNICATIONS

_____ CB operator:
Own equip? _____

_____ Ham operator: T G E
Call Sign: _____
Equipment: _____

_____ Hotline Operator

_____ Liaison

_____ Own a cell phone

_____ Own a Skyphone

_____ Public Relations

_____ Public Speaking

_____ Web page design

_____ Social Media

_____ Media (Radio/TV/News)

LANGUAGE other than English:

_____ French

_____ German

_____ Italian

_____ Spanish

_____ Other (Please list below)

_____ American Sign

SUPPORT POSITIONS

_____ Admin/Secretarial

_____ Clerical - filing, copying

_____ Computer Programming

_____ Data entry/ Software:

_____ Office Manager

_____ Phone Receptionist

_____ Volunteer Experience
ARC, CERT, DMAT,

PHYSICIAN

_____ MD

_____ DO

_____ DDS/DMD

_____ Other: _____

NURSING

_____ RN

_____ NP

_____ LPN

_____ CNA

_____ MIDWIFE

_____ Advanced Practice: _____

_____ Other: _____

TECHNICIANS

_____ PHARMACY

_____ RCP

_____ RADIOLOGY

_____ SURGICAL

_____ Other: _____

OTHER MEDICAL/HEALTH

_____ PSY

_____ RP

_____ LEP

_____ LCSW

_____ LSW

_____ LCPC

_____ MSW

_____ MFC

_____ ASW

_____ ACSW

_____ CADC

_____ Psych Tech

_____ Spiritual/Pastoral Care

_____ DC

_____ OPT

_____ PA-C

_____ EMT - BASIC

_____ EMT - P

_____ CAN

_____ Medical Assistant

SERVICES

_____ Animal care /sheltering

_____ Animal rescue

_____ Auto repair/towing

_____ Community relations

_____ Crime watch programs

_____ Donations distribution

_____ Education

_____ Elderly/disabled care

_____ Food Svc/Canteen

_____ HR/ Personnel Mgmt

_____ Licensed Day Care

_____ Runner

_____ Search and rescue

_____ Security

_____ Shelter operations

_____ Social Svc/Casework

_____ Supply

_____ Traffic control

_____ Warehousing

ENVIRONMENTAL

_____ Sanitation

_____ Toxic waste/HazMat

_____ Waste Reduction/Mgmt

_____ Water

_____ Wildlife/Land Mgmt

_____ Other Environmental:

STRUCTURAL

_____ Damage assessment

_____ Metal construction

_____ Wood construction

_____ Block construction
Cert. # _____

_____ Plumbing
Cert. # _____

_____ Electrical
Cert. # _____

_____ Roofing
Cert. # _____

TRANSPORTATION

_____ Car

_____ Station wagon/mini van

_____ Maxi-van, capacity _____

_____ ATV

_____ Own off-road veh/4wd

_____ Own truck, description:

_____ Own boat, capacity _____

_____ Commercial driver
Class & license #: _____

_____ Camper/RV, cap _____
& type: _____

_____ Snowmobile

_____ Bus

_____ Tractor/trailer

_____ Box truck

LABOR

_____ Loading/shipping

_____ Sorting/packing

_____ Clean-up

_____ Equipment operator
Types: _____

AVAILABLE EQUIPMENT

_____ Backhoe

_____ Chainsaw

_____ Generator

_____ Bobcat

_____ Truck & Plow

_____ Dump Truck

_____ Trailer (open / closed)

_____ Forklift

_____ Other: _____

ANIMAL HEALTH CARE

_____ Veterinarian (DMV)

_____ Lg. Animal / Sm. Animal

_____ Birds

_____ Reptile

_____ Other: _____

_____ Vet Tech

State of Illinois Professional License Number:

If you have any other certifications or course completion certificates, please list them below and submit copies when returning this form:

Please mail or return completed form with copies of all licenses and certifications to:
Clinton County Health Department
Medical Reserve Corps Director
930-A Fairfax Street, Carlyle, IL 62231