



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

Main Office: 991 Franklin Street, Carlyle, IL 62231  
Telephone: 618-594-2723 ext. 330; Facsimile: 618-594-3225  
Satellite Office: 177 S. Washington  
Nashville, IL 62293 (618) 327-3644  
Email: Brett.Moss@clintonco.illinois.gov

## VOLUNTEER APPLICATION

Please print or type

Name			
Street Address (Mailing)			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Email		Employer	
<b>Type: Healthcare Professional</b> <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 _____	<b>Type: Non Healthcare Skill/Interest Area</b> <input type="checkbox"/> Education <input type="checkbox"/> Administration <input type="checkbox"/> Communications <input type="checkbox"/> Mechanic/Maint. <input type="checkbox"/> Other _____	<b>Requested means of communication:</b> <input type="checkbox"/> Mail to above address <input type="checkbox"/> Mail to _____ <input type="checkbox"/> Email to above address <b>In Case of Emergency, Please Contact:</b> Name _____ Phone _____ Relationship: _____	
<b>For All Healthcare Professionals: Please indicate License Number or Certificate/Registration # _____</b> <b>Alternate Name:</b> _____ Valid Y / N Verified: _____ Expires: _____		Social Security #:	Second Language
		State License Held	Degree(s) Obtained
<b>Level of Participation Desired: I prefer to be</b> <input type="checkbox"/> <b>ACTIVE</b> Receives notification of ALL training opportunities, drills, exercises, and emergency events, as well as non-emergency community service opportunities <input type="checkbox"/> <b>LIMITED</b> Receives notification of training drills, exercises and all emergency events <input type="checkbox"/> <b>EMERGENCY ONLY</b> Receives notification of emergency events only <input type="checkbox"/> <b>SERVICE ONLY</b> 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: _____			
<b>A Criminal Background Check is required of all volunteers:</b> <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.)			
<b>Credentials, Professional Licenses and Certifications:</b> <input type="checkbox"/> YES, I agree to have my professional credentials verified before volunteering in a professional capacity			
<b>Which Community would you prefer to serve in? Please circle all choice(s)</b> Anywhere in Bi-County Area, Addieville, Albers/Damiansville, Ashley, Aviston, Bartelso, Beckemeyer, Breese/St.Rose, Carlyle/Keyesport, Centralia/Shattuc/Wamac, Dubois, Elktion, Germantown, Hoffman, Hoyleton, Huebely, Huey/Ferrin/Boulder, Irvington, Lively Grove, Nashville, New Baden, New Minden, Oakdale, Okawville, Posen, Radom, Richview, Trenton, Venedy			
<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>WILLING TO DEPLOY OUTSIDE OF CLINTON and WASHINGTON COUNTIES Y/ N</b> </div>		<div style="border: 2px solid black; padding: 5px;"> <b>Valid D/L? Yes / No State: _____</b>  <b>D/L#: _____</b> </div>	
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: Brett.Moss@clintonco.illinois.gov  
Or fax application to: (618) 594-3225  
You may also mail the application to: Clinton County Health Department  
Attn: Office of Emergency Preparedness & Response ~ 991 Franklin Street, Carlyle, IL 62231  
For more information, please call the MRC Director at (618) 594-2723 ext. 330 or (618) 335-6352

Created Aug 2010  
Rev. 8/2011, 8/2013,  
1/2015, 1/2018,10/2020

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