



South Central IL #2352
Clinton County Health Department
 991 Franklin Street, Carlyle, IL 62231
Washington County Public Health
 177 S. Washington St., Nashville, IL 62263
Call: 618-594-2723 EXT. 330

Volunteer Application

Please print or type

Name			
Street Address (Mailing)			
City		State	Zip
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"/> Pharmacy <input type="checkbox"/> EMT/Paramedic <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	
For All Healthcare Professionals: Please indicate License # or Certificate/Registration Valid Y / N Expires: _____		Emergency Contact: NAME: _____ PHONE: _____	
		Second Language _____ State License Held _____	Third Language _____ Degree(s) Obtained _____
Level of Participation Desired: I prefer to be: <input type="checkbox"/> ACTIVE Receives notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receives only notification of training drills and exercises and all emergency events <input type="checkbox"/> EMERGENCY ONLY Receives notification of only major emergency events <i>NOTE: All volunteers are required to take the orientation training and the training from BCHD. Additional training is optional for Limited and Emergency Levels at this time.</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 may be required of some volunteers: <input type="checkbox"/> YES, I agree that a background check may be performed. Birthdate ___/___/___ Other Names _____ <input type="checkbox"/> NO, I do not wish to have a background check performed (Refusal of a background check does not automatically eliminate you from consideration for volunteer service.)			
Which Community would you prefer to serve in?		Valid D/L? Yes / No State: _____ D/L# _____	
Signature			Date

Privacy Act Statement

This information is requested by the South Central IL #2352 Medical Reserve Corps for the purpose of organizing volunteers & 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 email to: mary.schultz@clintonco.illinois.gov
Fax: (618)594-5474
Or mail to: Attn: Mary K. Schultz
 991 Franklin Street, Carlyle, IL 62231

Created: 3/5/2025