



## **VOLUNTEER APPLICATION**

Volunteers must be 18 years or older.

Please type or print (must be legible and signed, or application will be denied).

Optional: Include your resume and references with application.

	Name						
Street Address (Mailing)							
	State			Zip			
Work	Phone Cell Phone						
			Text Capability: Y	Ν			
			Employer				
Type:	Non Healthcare	Reque		nunication:			
		_		29			
		_					
	ase indicate License Number	State L	icense Held:				
er							
		Degree	e(s) Obtained:				
res:							
		Please	list your availability	below:			
Phone:							
Relationship:  Phone:    A Criminal Background Check is REQUIRED for all volunteers of St. Clair County.							
YES, I acknowledge a background check will be performed. Birthdate:// (m/d/yr)							
Other Names Used							
	Date:						
Valid Driver's License: Yes No State: D/L#:							
Privacy Act Statement This information is requested by the St. Clair 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.							
Please Mail to: St. Clair County Health Department Medical Reserve Corps (MRC) - Volunteer Coordinator 19 Public Square, Suite 150 Belleville, II 62220 Questions:call (618) 825-4450 or email MRC1779@co.st-clair.il.us							
	Type: Type: Type: Time: Ti	Work Phone    Image: Very Phone    Image: Very Phone    Image: Very Phone    Image: Very Phone    Phone:    Image: Very Phone    Phone:    Phone:    Image: Very Phone    Phone:    Image: Very Phone    Image: Very Phone    Phone:    Image: Very Phone    Image: Very Phone	Work Phone    Type:  Non Healthcare  Reque	Work Phone  Cell Phone    Type:  Non Healthcare  Text Capability: Y    Employer  Email to above    Image: Ima			

## **ADDITIONAL INFORMATION**

Question	Yes	No	Comment				
Are you willing to travel and volunteer outside of your county?							
Are you willing to participate in a federally coordinated emergency response?							
Do you speak a foreign language?							
Are you willing to provide translation service?							
Do you have ability to communicate using sign language?							
Do you have any special needs or restrictions? If so, please explain							
Are you committed to any other organization or institution, by virtue of employment or volunteerism, in the event of a public health emergency? If yes, please explain.							
PLEASE CHECK ALL APPLICABLE SKILLS							
Medical    Physician Assistant    Retired Physician    Emergency Medical Professional (Paramedic, EN    Veterinarian    Veterinarian Technician    First Aid    CPR    Triage    Nurse    Retired Nurse    Retired Other Health Care Professional    Pharmacist    Pharmacist Technician    Other:    Other:    Communication    Office Support    CB or HAM Operator    Hotline Operator    Web Page Design    Computer Skills & Networking    Phone Receptionist    Desktop Support    Data Entry Software    Clerical Work (filing & copying)    Labor/Logistics    Transportation    Inventory Supplies    Loading/Shipping    Sorting/Packing    Clean Up    Operate Equipment    Type:	WT)	Equipme	nt Heavy Equipment Chainsaw Generator Other Type: Language Translation Search & Rescue Runner/Messenger Security Child Care Food Preparation Auto Repair/Towing Shelter Management Crowd Control Spiritual Counseling Elderly/Disabled Assistance Traffic Control Education Animal Rescue Animal Care Social Work Acct/Finance Consulting Counseling Skills Facility Management Lodging Services Managerial Services Managerial Services Volunteer Services				

Please include any other interested not listed above: