

# Effingham County Health Department

## Medical Reserve Corps

### Volunteer Application



Last Name		First Name		Middle Initial	
Maiden Name/Other Names Used					
Mailing Address					
City		State		Zip	
Home Phone (    )		Work Phone (    )		Cell Phone (    )	
Email Address					
Date of Birth / /		Driver's License Number/State Issued		Expiration Date / /	
Employer (previous if retired)					
Which classification best describes you?		Community Volunteer (Non-Medical)		Health Care Professional (Medical)	

#### Additional Information:

What languages do you **speak** or understand other than English? Please list and indicate level of fluency:  
(Include sign language)

Languages spoken:	Level of fluency (circle one)			Read		Write	
	Excellent	Fair	Poor	Yes	No	Yes	No
_____							
_____							

	Yes	No
Are you willing to travel and volunteer outside of your county?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to provide translation services?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any special needs/restrictions? <b><i>If so, please explain below.</i></b>	<input type="checkbox"/>	<input type="checkbox"/>
Are you committed to any <u>other</u> organization or institution, by virtue of employment or volunteerism, in the event of a public health emergency? <b>If yes, explain below</b>	<input type="checkbox"/>	<input type="checkbox"/>

#### Explanation:

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List any other special skills you bring to the Medical Reserve Corps:

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**Licenses** (Professionals with a current license or certification in any health or mental health field)

List all Professional Licenses                      State Issued & Number                      Expiration Date

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Do you have prescriptive authority?                       Yes                       No

Do you have any current or pending actions against your professional license?    Yes    No

I understand that my credentials / licenses (if applicable) will be verified. \_\_\_\_\_ (initial)

**Training/Continuing Education:** Check areas where you have completed training/CE

- |  |  |
|--|--|
| <input type="checkbox"/> Bloodborne Pathogens                            | <input type="checkbox"/> First Aid                         |
| <input type="checkbox"/> Community Emergency Response Training<br>(CERT) | <input type="checkbox"/> Military Medical Training         |
| <input type="checkbox"/> CPR   | <input type="checkbox"/> NIMS or Incident Command Training |
| <input type="checkbox"/> Disaster Training & Exercises                   | <input type="checkbox"/> Other certifications _____        |
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**Background Check:**

I understand that a Background Records Check is required of all volunteers. \_\_\_\_\_(initial)

Have you ever been convicted of a felony?                       Yes                       No

                    A misdemeanor? (Other than traffic violations)                       Yes                       No

If yes, please explain and list the state in which the conviction occurred:

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**References:** Please list at least three personal references (not family) - name, phone number, and how long you have known them.

	Name	Phone Number	How Long Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**How did you hear about the Effingham County Medical Reserve Corps?** (check all that apply)

Radio       Newspaper       Friend or Relative       Other: \_\_\_\_\_

**IMPORTANT – PLEASE READ THE FOLLOWING CAREFULLY:** I certify that information contained in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any facts, as stated or implied, given in my application, interview(s), or other forms will be sufficient reason not to accept my application and shall be grounds for immediate elimination from the program if I am accepted. I further understand that this application is not intended to be a contract of employment. I authorize investigation of all statements in this application as may be necessary in arriving at an acceptance decision. I hereby release from liability Effingham County and its representatives for seeking, gathering, or using such information and all other persons, corporations, or organizations for furnishing such information. I also understand that, if accepted, I am required to abide by all rules, ordinances, and regulations of the County. I understand that my own insurance will be used as coverage for illness and injuries and that I am ultimately responsible for any costs incurred. I understand I am not eligible for Workmen’s Compensation Benefits.

**Release of Liability Statement**

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Effingham County, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person or agency transporting me to or from any disaster relief activity. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during disaster relief efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I further understand that Effingham County will be conducting a background check that may include, but not be limited to any criminal history.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature \_\_\_\_\_ Date \_\_\_\_\_