



Clay County Medical Reserve Corps Volunteer Application



Date of Application: ____ / ____ / ____
mm / dd / yy

Which classification best describes you? (Choose one)

Community Health Volunteer (non-medical)

Health Care Professional (medical)

Personal Information:

Last Name _____ First Name _____ MI _____

Maiden name/other names used: _____ IL Driver's License # _____

Home Address: _____ Apt # _____

County _____ City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail _____ Pager # _____

Preferred Contact Method for Routine Communications: Post Mail E-mail

Emergency Contact:

Name: _____ Relationship: _____

Address (street/city/state/zip) _____

Home Phone (_____) _____ Cell Phone (_____) _____

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?

Are you willing to provide translation services?

Do you have any special needs/restrictions? If so, please explain below.

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, explain.

Explanation: _____

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

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

List all Professional Licenses	State Issued & Number	Expiration Date

Do you have prescriptive authority? 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 (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 _____ |
- _____

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 Clay 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. The Village policies and procedures relating to conditions of participation are subject to modification by the County without notice.

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Clay 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 Clay 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 _____