



## MACOUPIN COUNTY MEDICAL RESERVE CORPS VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

- Full Time
- Part Time
- Retired
- Other: \_\_\_\_\_

### **Professional Information** (mark or circle all that apply)

- Physician: Area of Specialty: \_\_\_\_\_ Board Certified? Yes No
- Nurse: RN LPN Nurse Practitioner Do you have prescriptive authority? Yes No Area of Specialty: \_\_\_\_\_
- Emergency Medical Technician
- Paramedic
- Pharmacist
- Mental Health Practitioner Psychologist Other: \_\_\_\_\_
- Social Worker
- Physician Assistant
- Nurse Assistant
- Medical Assistant
- Dentist
- Veterinarian
- Environmental Health Specialist
- Health Educator
- Health Technician Type \_\_\_\_\_
- Public Relations
- Media/ Communications
- Clergy Denomination: \_\_\_\_\_

- Faith-based Recruit (Please mark here is you received this application via your church)
- Other \_\_\_\_\_

**License & Certifications**

License Number & Discipline: \_\_\_\_\_

Have you ever had your professional license suspended or revoked? Yes      No  
If yes, please explain: \_\_\_\_\_

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**Specialty Information**

Specialty/Subspecialty: \_\_\_\_\_

Board Certifications or other Certifications: \_\_\_\_\_

Specialty Skills related to emergency situations: \_\_\_\_\_

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**Other Skills**

Are you CPR certified?	Yes	No
Are you AED certified?	Yes	No
Are you first aid certified?	Yes	No

Language fluency, besides English \_\_\_\_\_

**Response Time and Estimated Time Available**

- | <b>Respond Time</b>                                  | <b>Estimated Time Available</b>           |
|--|---|
| <input type="checkbox"/> Able to respond immediately | <input type="checkbox"/> 1 – 3 Days       |
| <input type="checkbox"/> Able to respond in 24 hours | <input type="checkbox"/> 3 Days to 1 week |
| <input type="checkbox"/> Able to respond in 48 hours | <input type="checkbox"/> 1 – 2 weeks      |

Are you willing to volunteer in a disaster, even if your medical expertise may not be needed?  
(ie: flood, assist with sandbagging, helping people to safety, ect.) Yes      No

Are you part of any other emergency/disaster alert system?      Yes      No

Please List  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have children or family members that would need care in the event that you are activated?    Yes    No    Emergency Contact # \_\_\_\_\_

I do hereby give the Macoupin County Medical Reserve Corp permission to inquire into my educational background, reference, driving record, employment, volunteer history and police record. I further give permission to the holder of any such records to release the same to the Macoupin County Medical Reserve Corp. I hereby hold the Macoupin County MRC harmless of any liability, whether civil or criminal, that may arise as a result of the release of the information about me. I further hold harmless any individual, agency, business or corporation that provides document to the Macoupin County MRC. I understand that the Macoupin County MRC will use this information as part of its verification of my volunteer application. I further understand that as a Medical Reserve Corps volunteer, I am not paid for my services.

### **Volunteer Consent for Release Information**

I do hereby give the Macoupin County MRC permission to release personal information with local, state and federal emergency management agencies and other Health and Human Services agencies as needed.

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Signature

Date

Mail To:

Macoupin County Public Health Department  
Attn: Derrek Tiburzi  
509 Illinois Ave.  
Gillespie, IL 62033