Adams County
Medical Reserve Corps
330 Vermont
Quincy, IL 62301
Telephone: 217/222-8440
Fax: 217/222-8460
mrc@co.adams.il.us

VOLUNTEER APPLICATION

Please print or type

Name

Street Address (Mailing)

City	**State**	**Zip**

Home Phone	**Work Phone**	**Cell Phone**

Email	**Employer**

Type: Healthcare Professional:
- ❑ **Doctor** (all categories)
- ❑ **Nurse**
- ❑ **Pharmacy**
- ❑ **Other** _____

Type: Non Healthcare
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

Requested means of communication:
- ❑ **Mail to above address**
- ❑ **Mail to** _____
- ❑ **Email to above**

Emergency Contact Name/Number:

For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number
Valid Y / N
Expires: _____

Second Language	**Third Language**
State License Held	**Degree(s) Obtained**

Level of Participation Desired: I prefer to be:

- ❑ **ACTIVE** — Receives notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities
- ❑ **LIMITED** — Receives only notification of training drills and exercises and all emergency events
- ❑ **EMERGENCY ONLY** — Receives notification of only major emergency events

NOTE: All volunteers are required to take the orientation training and the training from CCDPH. Additional training is optional for Limited and Emergency Levels at this time.

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:
- ❑ **YES, I agree that a background check may be performed. Birthdate** ___/___/___ **Other Names** _____
- ❑ **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.)

In time of large scale disaster we may receive requests for MRC volunteers to assist in other counties or states. If you are Interested please check box.

AGREE TO DEPLOY OUTSIDE OF AREA
Y / N

Valid D/L? Yes / No State:

D/L# _____

Signature	**Date**

Privacy Act Statement

This information is requested by the Adams County Regional 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 email to: mrc@co.adams.il.us
Fax: 217/222-8460
Or mail to: Adams County Health Department
330 Vermont
Quincy, Il 62301

08/20/13