



Hamilton County Medical Reserve Corps VOLUNTEER APPLICATION

Please print or type

Name		Birth Date	Social Security Number	
Mailing Address				
City		State	Zip	
Drivers License Number		D/L State	D/L Expires	
Home Phone		Work Phone	Cell Phone	
E-mail Address			Employer	
Type: Healthcare Professional: <input type="checkbox"/> Doctor (all categories) <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____		Type: Non Healthcare <input type="checkbox"/> _____ <input type="checkbox"/> _____		Comments:
For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number: Valid: Y / N State: _____			Specialty	Degree(s) Obtained
			Date License Issued	Date License Expires
Level of Participation Desired: I prefer to be: <input type="checkbox"/> ACTIVE Receives notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receives only notification of training drills and exercises and all emergency events <input type="checkbox"/> EMERGENCY ONLY Receives notification of only major emergency events <i>NOTE: All volunteers are required to take the orientation training and the training from Wayne County Health Department. Additional training is optional for occasional and emergency levels at this time.</i>				
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: <input type="checkbox"/> YES, I agree that a background check may be performed. Other Names _____ <input type="checkbox"/> 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.)				
Which Community would you prefer to serve in? Circle Choice: Wayne County ANY				
Agree to deploy outside of area: Y / N				
Signature			Date	

Privacy Act Statement

This information is requested by the Hamilton 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.

Hamilton County Medical Reserve Corps
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www.hchdil.com

11/26/22