



**McLean County
Health Department**
Partners in Prevention

McLean County Health Department
200 W. Front Street
Bloomington, IL 61701
Phone: (309) 888-5450 Fax: (309)452-8479
www.health.mcleancountyil.gov



Medical Reserve Corps Application

Background Information

Last Name		First Name		Middle Initial
Address			City	State & Zip
Home Phone Number ()		Work / Cell Phone Number ()		Fax Number ()
Email Address			Date of Birth / /	Social Security Number XXX - XX - _____
Employer		Job / Title		Drivers License Number
Do you have a medical license? <input type="checkbox"/> Yes <input type="checkbox"/> No		License Number		Expiration Date / / State Issued
Do you have a health care professional license? <input type="checkbox"/> Yes <input type="checkbox"/> No		License Type		Expiration Date / / State Issued

Additional Information

Are you licensed to operate a motor vehicle in the state of Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you give permission for a background check (criminal, sex offender, licensure)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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References

Address	Address
City, State, and Zip	City, State, and Zip
Phone Number ()	Phone Number ()
Email Address	Email Address
<p>Check the box that indicates how frequently you would like to volunteer. See side box for category definitions</p> <p><input type="checkbox"/> Regularly(A) <input type="checkbox"/> Occasionally(B) <input type="checkbox"/> Only in an emergency (C)</p>	
<p>Category A Volunteers do Service opportunities and attend Trainings Category B Volunteers attend Trainings Category C Volunteers are only used in a Medical Emergency</p>	

Please check those areas in which you are skilled

MEDICAL

Doctor Specialty: _____

Nurse Specialty: _____

Emergency Medical Professional:

Type: _____

- Pharmacist
- Pharmacist Technician
- Veterinarian
- Veterinarian Technician
- First Aid (Card Expires _____)
- CPR (Card Expires: _____)
- Triage

Other: _____

COMMUNICATIONS

- CB or HAM Operator
- Hotline Operator
- Web Page Design

LANGUAGES OTHER THAN ENGLISH

- Spanish
- French
- Sign Language
- Other: _____

OFFICE SUPPORT

- Phone Receptionist
- Clerical - Filing, Copying
- Data Entry Software: _____
- Office Equipment (Computer, FAX)

SERVICES

- Language Translation
- Food Preparation
- Elderly / Disabled Assistant
- Child Care
- Spiritual Counseling
- Social Work / Mental Health
- Search and Rescue

Auto Repair/Towing

- Traffic Control
- Security
- Crowd Control
- Animal Rescue
- Animal Care
- Runner/Messenger
- Shelter Management
- Education
- Accounting/ Financial Consulting

STRUCTURAL

- Damage Assessment
- Metal Construction
- Wood Construction
- Block Construction

Cert. # _____

Plumbing

Cert. # _____

Electrical

Cert. # _____

Roofing

Cert. # _____

TRANSPORTATION

- Mini-van
- Maxi-van, Capacity _____
- ATV
- Own Off-Road Vehicle/4wd
- Own Truck

Type: _____

Own Boat, Capacity _____

Type: _____

Snowmobile

Commercial Driver: Class & License #:

Class: _____ License # _____

Camper/RV, Capacity & Type:

Type: _____

Capacity: _____

LABOR

- Loading/Shipping
- Sorting/Packing
- Clean-up
- Operate Equipment

Types: _____

EQUIPMENT

- Heavy Equipment
- Chainsaw
- Generator
- Other: _____

ADMINISTRATIVE

- Have Experience Supervising Others
- Organizational Skills

Do you have an amateur radio license?

Yes No

If so please describe...

List emergency equipment you own:

Search Lights Chain Saw Generator Ham Radio or CB Other _____

List additional skills and knowledge that you possess which would be of value in emergency situations.

Immunizations Received:

Tetanus (Date _____) Smallpox (Date _____) Anthrax (Date _____) Other _____

Do you have any special considerations or medical restrictions you want to tell us about?

How did you hear about the McLean County Health Department Medical Reserve Corps (MRC)?

Friend MRC Volunteer Advertisement Other _____

Applicant Verification

- 1. The information provided is complete and true. If information given on this application is incomplete or untrue, I understand my assignment may be terminated.
2. I have disclosed any felony convictions. I agree to a background check, verification of the statements contained herein and additional screening procedures.
3. I hold this agency harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me.
4. I understand that my own insurance will be used as coverage for illnesses and injuries and that I am ultimately responsible for any costs incurred.
5. I agree to respect the rights, property and confidentiality of emergency workers and individuals affected by disaster.
6. I agree to adhere to the rules/instructions of my job assignment(s) so as not to jeopardize relief operations or procedures.
7. I agree to uphold the mission of the health agency in the event of a disaster.

Signature

Date

E.M.A. Oath Requirement

Each McLean County Health Department Medical Reserve Corps applicant is obligated to read and sign the oath of the McLean County Emergency Management Agency (E.M.A.). The purpose of such oath is designed to protect the integrity and the laws established by the Constitution of the United States and that of the State of Illinois; in addition, agreeing upon not to individually or in part to overthrow the Government of the United States by any means.

Oath Required of E.M.A. Personnel

I, _____, do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and territory, institutions and facilities thereof, both public and private, against all enemies, foreign and domestic; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge duties upon which I am about to enter.

Signature of Appointee

Date of Birth

Phone Number

Street Address

City

State

Zip Code

Date Accepted

E.M.A. Director Signature

Date Accepted

MRC Coordinator Signature