



Madison County Health Department
Public Health Emergency Volunteer Application
For Medical and Non-Medical Volunteers
*** (Note: Complete Both Pages)



Last Name First Name Middle

Home Address City State Zip Code

Business Address City State Zip Code

Home Phone Cell Phone Business Phone Fax Number

Email Address

CURRENT EMPLOYMENT

Employer

Length of Employment Position/Title

Mailing Address City State Zip Code

EXPERIENCE

Organization Name

Organization Address City State Zip Code Organization Phone

From: to Supervisor's Name/Title:

Organization Name

Organization Address City State Zip Code Organization Phone

From: to Supervisor's Name/Title:

Prior Disaster Relief Experience:

Prior or Current Volunteer Experience:

CURRENT LICENSE(S):

Type: Number: State: Expiration Date:

Type: Number: State: Expiration Date:

LANGUAGE SKILLS (INCLUDE SIGN LANGUAGE)

VOLUNTEER OPPORTUNITIES

Are you registered with any other volunteer/emergency disaster systems? Yes No

List: _____

Check activities which interest you or skills you possess:

Administration Clerical Consulting Communications Development
Disaster Education Marketing Public Relations Translating Youth Programs
Language: _____

Other: _____

AVAILABILITY Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Anytime Prefer Continuous Duty Prefer Duty on Separate Days

PLEASE INDICATE THE DURATION AND DISTANCE TO WHICH YOU COULD COMMIT IF ACTIVATED

25 Miles of Home 25-50 Miles 50-100 Miles Distance is not an Issue Other

Statewide Geographic Preference: _____

8 Hours 16 Hours 24 Hours

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Describe any restrictions on your activities (physical, medical, mental): _____

Immunizations: _____

Date of last tetanus shot: _____ Other Immunizations (smallpox, etc): _____

PERSONAL INFORMATION

Are you licensed to operate a motor vehicle in this state and carry own auto insurance? Yes No

Volunteer Agreement

- 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 agree to a background check, verification of the statements contained herein and additional screening procedures.
- 3. 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.
- 4. I agree to respect the rights, property and confidentiality of emergency workers and individuals affected by disaster.
- 5. I agree to uphold the mission of the health agency in the event of a disaster.

By checking this box and typing my name below, I am electronically signing this document.

Signature _____ Date: _____

Host Agency: _____ Title: _____

Signature: _____ Date: _____

OR

Mail completed form to:
MRC Volunteer Coordinator
Madison County Health Department
101 East Edwardsville Road
Wood River, IL 62095
Questions: Call Jacob at 618-296-6183

SAVE on your computer then email as an attachment to:
mrc@madisoncountyil.gov