



Public Health
Prevent. Promote. Protect.

medical
reserve
corps



JO DAVIESS COUNTY HEALTH DEPARTMENT

9483 US RT. 20 WEST • P. O. BOX 318 • GALENA, ILLINOIS 61036 • (815) 777-0263

Medical Reserve Corps Volunteer Application

Last Name: _____ First Name: _____ Middle Initial: _____

Title: _____ (Ms./Mrs./Mr./Dr./etc.) Nickname: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Preferred Method(s) of Contact in addition to email: _____ Home Phone _____ Cell Phone

Special Training, License, or certifications (e.g., RN, LPN, MD, CPR, Ham Radio Operator, First Aid)

Professional License _____ State _____ Expiration Date _____

Do you speak any languages other than English? If yes, please specify _____

List any skills or previous experience that would be helpful _____

Do you know how to use a computer? YES NO Software familiarity _____

Do you know how to operate office machines (copier, fax, etc)? _____

Person to notify in case of emergency: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Phone Number: _____ Alternate Number: _____

I hereby certify the information I have supplied above is true and accurate, that I am freely volunteering for such duty without coercion or duress and that I am mentally and physically fit for service. I understand the information that I have supplied may be disclosed for security reasons. I understand that I may be assigned to a variety of duties, but that every reasonable effort will be made to find a good match with my interests and skills. Finally, I understand this is a totally volunteer effort and I will not be paid for my services.

Signature _____ Date _____

Name: _____

Skills: Please circle the skills you possess or tasks for which you feel both qualified and comfortable.

Disaster Skills	Office Skills	People Skills	Manual Skills
Safety Assessment	Message Runner	Child Care	Care & Shelter
Medical	Answering Phones	Animal Care	Heavy Labor
Security	Data Entry	Medical	Driver
Traffic Control	Accounting	Customer Service	Food Prep/Service
Other (Specify below)	General Clerical	Special Populations	Skilled Trade

What are you most interested in doing: _____

What new skills are you interested in learning? _____

Any additional comments: _____

Please Return Application to:

Jo Daviess County Health Department
9483 US Hwy 20 West
PO Box 318
Galena, IL 61036
Phone: (815) 777-0263
Fax: (815) 777-2977
Email: publichealth@jodaviess.org