



## Wayne 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"/> <b>ACTIVE</b> Receives notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> <b>LIMITED</b> Receives only notification of training drills and exercises and all emergency events <input type="checkbox"/> <b>EMERGENCY ONLY</b> 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/Maiden Name _____ <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 Wayne 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.

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