



Montgomery County, IL
Medical Reserve Corps

MONTGOMERY COUNTY MEDICAL RESERVE CORPS VOLUNTEER APPLICATION

Name: _____ Birthdate: _____

Address: _____

Telephone # _____ Cell # _____

Work # _____ Email: _____

Employer: _____

- Full Time
- Part Time
- Retired
- Other: _____

Professional Information (mark or circle all that apply)

- Physician: Area of Specialty: _____ Board Certified? Yes No
- Nurse: RN LPN Nurse Practitioner Do you have prescriptive authority? Yes No Area of Specialty: _____
- Emergency Medical Technician Paramedic
- Pharmacist
- Mental Health Practitioner Psychologist Other: _____
- Social Worker
- Physician Assistant
- Nurse Assistant
- Medical Assistant
- Dentist
- Veterinarian
- Environmental Health Specialist
- Health Educator
- Health Technician Type _____
- Public Relations
- Media/ Communications
- Clergy Denomination: _____
- Faith-based Recruit (Please mark here if you received this application via your church)
- Other _____

License & Certifications

License Number & Discipline: _____

Have you ever had your professional license suspended or revoked? Yes No
If yes, please explain: _____

Specialty Information

Specialty/Subspecialty: _____

Board Certifications or other Certifications: _____

Specialty Skills related to emergency situations: _____

Other Skills

Are you CPR certified? Yes No
Are you AED certified? Yes No
Are you first aid certified? Yes No

Language fluency, besides English _____

Response Time and Estimated Time Available

Respond Time

- Able to respond immediately
- Able to respond in 24 hours
- Able to respond in 48 hours

Estimated Time Available

- 1 – 3 Days
- 3 Days to 1 week
- 1 – 2 weeks

Are you willing to volunteer in a disaster, even if your medical expertise may not be needed?
(i.e: flood, assist with sandbagging, helping people to safety, etc.) Yes No

Are you part of any other emergency/disaster alert system? Yes No

Please List

Do you have children or family members that would need care in the event that you are activated? Yes No Emergency Contact # _____

I do hereby give the Montgomery County Medical Reserve Corp permission to inquire into my educational background, reference, driving record, employment, volunteer history and police record. I further give permission to the holder of any such records to release the same to the Montgomery County Medical Reserve Corp. I hereby hold the Montgomery County MRC harmless of any liability, whether civil or criminal, that may arise as a result of the release of the information about me. I further hold harmless any individual, agency, business or corporation that provides document to the Montgomery County MRC. I understand that the Montgomery County MRC will use this information as part of its verification of my volunteer application. I further understand that as a Medical Reserve Corps volunteer, I am not paid for my services.

Volunteer Consent for Release Information

I do hereby give the Montgomery County MRC permission to release personal information with local, state and federal emergency management agencies and other Health and Human Services agencies as needed.

Signature

Date

Mail To:

Montgomery County Health Department
MRC Coordinator
11191 IL Rt. 185
Hillsboro, IL 62049

EMERGENCY SERVICES AND DISASTER OATH

Montgomery County EMA

I, _____, do solemnly 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 the 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 the duties upon which I am about to enter. And I do further affirm that I do not advocate, nor am I nor have I been a member of any political party or organization that advocated the overthrow of the government of the United States or of this state by force or violence; and that during such time as I am affiliated with the Montgomery County.

Signature

Witness

Date

Date

Interests:

- _____ SAR (search and rescue)
- _____ Communications
- _____ Horse Patrol
- _____ Damage Assessment
- _____ Logistics
- _____ HazMat

- _____ Weather spotting
- _____ Ground Crew
- _____ ATV Crew
- _____ EOC Operations
- _____ Shelter Management
- _____ Citizen Reserve Corp

Other (list)

