



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	Business Phone	E-mail address
		Fax Number
Cell Phone:		
CURRENT EMPLOYMENT		
Employer		
Length of Employment		
Position/ Title		
Mailing Address		
City	State	Zip Code
EXPERIENCE		
Organization Name	Address	Phone
From: _____ to _____	Supervisor's Name/Title:	
Organization Name	Address	Phone
From: _____ to _____	Supervisor's Name/Title:	
Prior Disaster Relief Experience:		
Prior or Current Volunteer Experience:		
CURRENT LICENCE (S):		
Type:	Number:	State:
		Expiration Date:
Type:	Number:	State:
		Expiration Date:
LANGUAGE SKILLS (INCLUDE SIGN LANGUAGE):		
VOLUNTEER OPPORTUNITIES:		

(OVER)

Are you registered with any other volunteer/emergency disaster systems? Yes _____ No _____ List: _____ _____	
Check activities which interest you or skills you possess: <input type="checkbox"/> Administration <input type="checkbox"/> Development <input type="checkbox"/> Translating <input type="checkbox"/> Clerical <input type="checkbox"/> Disaster Education Language _____ <input type="checkbox"/> Consulting <input type="checkbox"/> Marketing <input type="checkbox"/> Youth Programs <input type="checkbox"/> Communications <input type="checkbox"/> Public Relations <input type="checkbox"/> Other: _____	
AVAILABILITY <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Anytime <input type="checkbox"/> Prefer continuous duty <input type="checkbox"/> Prefer duty on separate days	
PLEASE INDICATE THE DURATION AND DISTANCE TO WHICH YOU COULD COMMIT IF ACTIVATED <input type="checkbox"/> 25 miles of home <input type="checkbox"/> 25-50 miles <input type="checkbox"/> 50-100 miles <input type="checkbox"/> Distance is not an issue <input type="checkbox"/> Other <input type="checkbox"/> Statewide Geographic preference: <input type="checkbox"/> 8 hours <input type="checkbox"/> 16 hours <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently charged with or have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

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 have disclosed any felony convictions. 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 adhere to the rules/instructions of my job assignment(s) so as not to jeopardize relief operations or procedures.
6. I agree to uphold the mission of the health agency in the event of a disaster.

Signature: _____ Date: _____

Host Agency : _____ Title: _____

Signature: _____ Date: _____

Mail Completed form to: Debra M. Tscheschlok, R.N., B.S.N.
 Madison County Health Department
 101 East Edwardsville Road
 Wood River, Illinois 62095

Questions: Call ERC Debra at 618-296-6080 or Secretary Dola at 618-296-6059