



Woodford County  
Health Department

1831 South Main Street  
Eureka, IL 61530  
309-467-3064

[www.health.woodfordcountyil.gov](http://www.health.woodfordcountyil.gov)



Public Health  
Prevent. Promote. Protect.

Woodford County  
Health Department

## MRC Volunteer Application

|  |                            |  |
|--|----------------------------|--|
| Name   |                            |  |
| Street Address (Mailing)   |                            |  |
| City   | State                      | Zip  |
| Home Phone   | Work Phone                 | Cell Phone   |
| Email (Primary Communication Method)   |                            | Employer   |
| Healthcare Professional:<br><input type="checkbox"/> Doctor (all categories)<br><input type="checkbox"/> Nurse<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Other _____  | Non Healthcare Occupation: | Emergency Contact Information<br>Name:<br>Primary Phone:<br>Relationship to Volunteer: |
| For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number<br>Valid Y / N<br># _____ Expires: _____   | Additional Languages:      |  |
|  | State License Held         | Degree(s) Obtained   |
| Have you ever been convicted of a felony? Yes No      A misdemeanor (other than a traffic violation) Yes No<br>If yes for either, please explain:  |                            |  |
| A Criminal Background Check may be required of some volunteers:<br><input type="checkbox"/> YES, I agree that a background check may be performed. Birthdate ___/___/___ Other Names _____<br><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.) |                            |  |
|  |                            | Valid D/L? Yes / No    State:<br><br>D/L#  |
| Signature  |                            | Date   |

### Privacy Act Statement

This information is requested by the Woodford 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.

Please return applications by mail, email, or fax

Email: [wchd@woodfordcountyil.gov](mailto:wchd@woodfordcountyil.gov)

Mail: Woodford County Medical Reserve Corps

1831 South Main Street

Eureka, IL 61530

Questions?

Call WCHD at 309-467-3064, and ask to speak with the MRC coordinator.

# Volunteer Skills List

|  |  |  |
|--|--|--|
| <p><b>Medical</b></p> <p><input type="checkbox"/> Doctor - Specialty: _____</p> <p><input type="checkbox"/> Nurse - Specialty: _____</p> <p><input type="checkbox"/> Emergency Medical Professional<br/>Type: _____</p> <p><input type="checkbox"/> Pharmacist</p> <p><input type="checkbox"/> Pharmacist Tech</p> <p><input type="checkbox"/> Veterinarian</p> <p><input type="checkbox"/> Veterinarian Tech</p> <p><input type="checkbox"/> First Aid (Expiration _____)</p> <p><input type="checkbox"/> CPR (Expiration _____)</p> <p><input type="checkbox"/> Triage</p> <p><input type="checkbox"/> Other _____</p> <p><b>Communications</b></p> <p><input type="checkbox"/> CB or HAM Operator</p> <p><input type="checkbox"/> Hotline Operator</p> <p><input type="checkbox"/> Web Page Design</p> <p><b>Languages other than English</b></p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> Sign</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Office Support</b></p> <p><input type="checkbox"/> Phone Receptionist</p> <p><input type="checkbox"/> Clerical – Filing, Copying</p> <p><input type="checkbox"/> Data Entry</p> <p><input type="checkbox"/> Office Equipment (Computer, Fax)</p> | <p><b>Services</b></p> <p><input type="checkbox"/> Language Translation</p> <p><input type="checkbox"/> Food Preparation</p> <p><input type="checkbox"/> Elderly/Disabled Assistant</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Spiritual Counseling</p> <p><input type="checkbox"/> Social Work/Mental Health</p> <p><input type="checkbox"/> Search and Rescue</p> <p><input type="checkbox"/> Auto Repair/Towing</p> <p><input type="checkbox"/> Traffic Control</p> <p><input type="checkbox"/> Security</p> <p><input type="checkbox"/> Crowd Control</p> <p><input type="checkbox"/> Animal Rescue</p> <p><input type="checkbox"/> Animal Care</p> <p><input type="checkbox"/> Runner/Messenger</p> <p><input type="checkbox"/> Shelter Management</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Accounting/Financial</p> <p><b>Structural</b></p> <p><input type="checkbox"/> Damage Assessment</p> <p><input type="checkbox"/> Metal Construction</p> <p><input type="checkbox"/> Wood Construction</p> <p><input type="checkbox"/> Block Construction</p> <p>Cert. # _____</p> <p><input type="checkbox"/> Plumbing</p> <p>Cert # _____</p> <p><input type="checkbox"/> Electrical</p> <p>Cert # _____</p> <p><input type="checkbox"/> Roofing</p> <p>Cert # _____</p> | <p><b>Transportation</b></p> <p><input type="checkbox"/> Mini-Van</p> <p><input type="checkbox"/> Utility Van</p> <p><input type="checkbox"/> ATV</p> <p><input type="checkbox"/> Own Off-Road Vehicle/4WD</p> <p><input type="checkbox"/> Own Truck</p> <p>Type: _____</p> <p><input type="checkbox"/> Own Boat</p> <p>Type: _____</p> <p><input type="checkbox"/> Snowmobile</p> <p><input type="checkbox"/> Commercial Driver:</p> <p>Class: _____</p> <p>License # _____</p> <p><input type="checkbox"/> Camper/RV</p> <p>Type: _____</p> <p><b>Labor</b></p> <p><input type="checkbox"/> Loading/Shipping</p> <p><input type="checkbox"/> Sorting/Packing</p> <p><input type="checkbox"/> Clean-up</p> <p><input type="checkbox"/> Operate Equipment</p> <p>Types: _____</p> <p><b>Equipment</b></p> <p><input type="checkbox"/> Heavy Equipment</p> <p><input type="checkbox"/> Chainsaw</p> <p><input type="checkbox"/> Generator</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Administrative</b></p> <p><input type="checkbox"/> Experience Supervising Others</p> <p><input type="checkbox"/> Organizational Skills</p> |
|--|--|--|