



Hancock County Medical Reserve Corps  
 671 Wabash Avenue  
 Carthage, IL 62321  
 Telephone: 217-357-2171 ext 119  
 Fax: 217-357-3562  
 Email: coirea@hchd1.org

## VOLUNTEER APPLICATION

Please print or type

Name			
Street Address (Mailing)			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Email		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"/> _____ <input type="checkbox"/> _____	Requested means of communication: <input type="checkbox"/> Mail to above address <input type="checkbox"/> Mail to _____ <input type="checkbox"/> Email to above	
For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number Valid Y/N Expires: _____		Second Language	Third Language
		State License Held	Degree(s) Obtained
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 CCDPH. Additional training is optional for Limited 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. Birthdate ___/___/___ Other Names _____ <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.)			
In time of large scale disaster we may receive requests for MRC volunteers to assist in other counties or states. If you are Interested please check box.		Valid D/L? Yes / No      State: _____ D/L# _____	
AGREE TO DEPLOY OUTSIDE OF AREA Y / N			
Signature			Date

**Privacy Act Statement**

This information is requested by the Hancock 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 email to: [coirea@hchd1.org](mailto:coirea@hchd1.org)  
 Fax: 217-357-3562  
 Or mail to: 671 Wabash Avenue  
 Carthage, IL 62321

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