



McHenry County Medical Reserve Corps Application Form

*Last Name _____ * Full/Legal First Name _____ *Middle Initial _____

Title _____ (Ms/Mrs/Mr/Dr/etc) Nickname _____

Home Address _____

City _____ Zip Code _____

E-Mail _____

Home Phone _____

Cell Phone _____

Preferred method(s) of contact in addition to email: Home Phone _____ Cell Phone _____

Additional Information Required for Background Check:

*Driver's License Number _____ *Driver's License State _____

*Date of Birth (Month/Day/Year) ____/____/____ *Race _____

In Case of Emergency

Contact Name: _____ Phone Number: _____

Relationship to you: _____

All lines above marked with an asterisk must be completed for background check

Medical History

Please check if you now have or have ever had any physical restriction, disease, or condition, including the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Back Issues | <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Disorder | <input type="checkbox"/> Vision Disorder |

If you have checked any of the above, please explain any limitations to ensure appropriate task/shift assignments. If you have restrictions not listed above, please use below space to describe.

Medical Profession (if applicable)

Profession _____ Are you actively practicing? _____
(EX: MD,RN,LPN,CNA,DDS,Pharm,EMT)

License or Certification Number _____ State _____ Exp. Date _____
Which setting best describes your current or most recent work experience?

Presently not working Hospital Clinics Enrolled in School Public Health EMS Retired School
 Private Practice _____ Other _____

Employment

Current Employment

Present Employer _____

Supervisor _____

Phone # _____

Street Address _____

City _____

State _____ Zip Code _____

Position/Title _____

Areas of Experience

Language(s) in which you are fluent: _____

Please check if you have certification, training or experience in any of the following:

- | | |
|---|--|
| <input type="checkbox"/> CERT Training | <input type="checkbox"/> Incident Command/Management |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Infection Control |
| <input type="checkbox"/> Computer/IT | <input type="checkbox"/> IMERT/INVENT Training |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Leadership/Supervisor |
| <input type="checkbox"/> Crisis Intervention/Management | <input type="checkbox"/> Logistics |
| <input type="checkbox"/> Disaster Life Support | <input type="checkbox"/> Risk Communication |
| <input type="checkbox"/> Emergency Medical Training | <input type="checkbox"/> Severe Weather Spotting |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Vaccination |
| <input type="checkbox"/> First Responder Training | |
| <input type="checkbox"/> HAZ Mat Training | |

Other skills or information regarding life experience, trainings, or areas of interest that you would like to share:

References

Please list two **non-relative** professional references.

#1

Name _____ Phone Number _____

Street Address _____ City _____ State _____

Zip Code _____

#2

Name _____ Phone Number _____

Street Address _____ City _____ State _____

Zip Code _____

How did you learn about the McHenry County Medical Reserve Corps?

Authorization

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for volunteer placement as may be necessary in arriving at a placement decision.

McHenry County Department of Health has my permission to contact the above references.

I understand that by signing below, I also give permission for McHenry County Department of Health to conduct a criminal background check.

I understand that my name and contact information will be put into a Secured Database to be managed by the McHenry County Department of Health.

Signature _____ Date _____

Please return application to: Chrissy Huelsman -Medical Reserve Corps
815-334-4531
McHenry County Department of Health
2200 N Seminary Ave, Building A
Woodstock, IL 60098