# Village of Skokie
# Medical Reserve Corps Volunteer Application

Please complete both pages of this document to apply for a volunteer position on the Village of Skokie, Health Department Medical Reserve Corps (MRC). Please attach a copy of your State of Illinois medical professional license with the application form as well as a copy of your CPR card. All applications will be evaluated by a staff member of the Skokie Health Department to determine appropriate placement. Thank you for your interest!

Prefix: _____ First Name:_____ Last Name: _____

Birth Date _____/_____/_____ Day Phone (_____) _____ - _____ SSN: _____/_____/_____

E-mail address _____ Evening Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Home Address _____ City _____ State ____ Zip _____-_____

Drivers License #: _____ State: _____ Type: _____ Restrictions: _____

Emergency Contact _____ Relationship _____ Emergency Phone (_____) _____ - _____

Occupation _____ Employer _____

Business Address _____ City _____ State ____ Zip _____-_____

Are you a year-round resident? ☐ Yes ☐ No Months you are available _____

If you have any health limitations, please explain: _____

I am willing to volunteer in: ☐ village ☐ county ☐ neighboring county ☐ state ☐ U.S.

Are you currently affiliated with a disaster relief agency? ☐ Yes ☐ No If yes, name of agency: _____

Availability: Days: _____ Hours: _____

Special Needs/Disabilities: _____

Special skills and/or vocational/disaster training: _____

Have you ever been employed (paid or volunteer) here before? ☐ Yes ☐ No

If yes, give date and reason for leaving: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

Have you been convicted of a felony? ☐ Yes ☐ No

(Such conviction will not automatically bar you from volunteering.)

If yes, please explain: _____

LICENSE #: _____ STATE ISSUED: _____ EXPIRATION: _____

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Office Use Only:

**Interviewer Notes:** _____

**Applicant Placement:** _____

☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5**

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*Please **mark** ALL for which you are licensed or certified, and **attach a copy of all licenses and/or certificates to this application**.*

Physicians: ☐ MD ☐ DO Specialty: _____

Nurses: ☐ RN ☐ NP ☐ LPN ☐ CAN ☐ Midwife Specialty: _____

Technicians: ☐ RCP ☐ Radiology Tech ☐ Surgical Tech

Pharmacology: ☐ RPH ☐ INT ☐ Pharmacy Tech

Behavioral Sciences: ☐ PSY ☐ RP ☐ LEP ☐ LSW ☐ LCSW

☐ LCPC ☐ MSW ☐ MFC ☐ ACSW ☐ ASW

☐ CADC ☐ Psych Tech ☐ SPIRITUAL CARE

Other Medically Related: ☐ DC ☐ DDS ☐ OPT ☐ PA-C

☐ EMT-B ☐ EMT-P ☐ CAN ☐ Medical Assistant

☐ VETERINARIAN ☐ VET TECH

Student - Field of Study: _____

Other (please specify): _____

**IMPORTANT – PLEASE READ THE FOLLOWING CAREFULLY:**

I certify that information contained in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any facts, as stated or implied, given in my application, interview(s), or other employment forms will be sufficient reason not to accept my application and shall be grounds for immediate discharge if I am accepted. I further understand that this application is not intended to be a contract of employment. I authorize investigation of all statements in this application as may be necessary in arriving at an acceptance decision. I hereby release from liability the Village of Skokie and its representatives for seeking, gathering, or using such information and all other persons, corporations, or organizations for furnishing such information. I also understand that, if accepted, I am required to abide by all rules, ordinances, and regulations of the Village. The Village policies and procedures relating to conditions of participation are subject to modification by the Village without notice.

**Release of Liability Statement**

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the Village of Skokie, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person or agency transporting me to or from any disaster relief activity. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during disaster relief efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I further understand that the Village of Skokie will be conducting a background check that may include, but not be limited to any criminal history.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature_____ Date_____

**Return this completed form to:**

Claudia Braden, RN, BSN, MPH
Communicable Disease and Emergency Preparedness Coordinator
Skokie Health Department
5127 Oakton Street
Skokie, IL 60077
847 – 933 – 8252
Claudia.Braden@skokie.org