

## ROCK ISLAND COUNTY MEDICAL RESERVE CORPS



Re: Medical Reserve Corps Volunteer Application

Dear Prospective Member,

On behalf of Rock Island County Medical Reserve Corps, I would like to personally thank you for responding to Rock Island County Health Department's invitation to become involved with the MRC.

MRC units are locally based, medical, public health and other volunteers who can assist their communities during emergencies. These units can be utilized in events such as an influenza pandemic, an act of terrorism or any other large scale health related disaster. The success of this program is paramount for the safety and protection of our citizens and relies heavily on volunteers such as yourself.

Completing the attached application is the first step in the screening and orientation process. Part of the application process involves performing a background check including, but not limited to, the areas of criminal records, registration as a sex offender, and validation of licensure (if applicable). Please print, fill out and send in your application. Once we receive and review your application, we will contact you. We plan to offer flexible training dates soon.

You, as a volunteer with the Rock Island County MRC, are a vital link regarding our citizens, their safety and well being in the event of a disaster. Your willingness to step up is greatly appreciated.

Kindest regards,

Theresa Foes  
Coordinator  
Rock Island County Medical Reserve Corps  
[tfoes@co.rock-island.il.us](mailto:tfoes@co.rock-island.il.us)



**Rock Island County  
Medical Reserve Corps**

2112 25<sup>th</sup> Avenue  
Rock Island, IL 61201  
Telephone: 309-558-2802  
Fax: 309-793-4050  
Email: tfoes@co.rock-island.il.us

## VOLUNTEER APPLICATION

**Please print or type**

<b>Name</b>			
<b>Street Address (Mailing)</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>		<b>Cell Phone</b>
<b>Email</b>		<b>Employer</b>	
<b>Type: Healthcare Professional:</b> <input type="checkbox"/> <b>Doctor</b> (all categories) <input type="checkbox"/> <b>Nurse</b> <input type="checkbox"/> <b>Pharmacy</b> <input type="checkbox"/> <b>Other</b> _____	<b>Type: Non Healthcare</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Requested means of communication:</b> <input type="checkbox"/> <b>Mail to above address</b> <input type="checkbox"/> <b>Mail to</b> _____ <input type="checkbox"/> <b>Email to above</b>	
<b>For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number Valid Y/N Expires: _____</b>		<b>Second Language</b>	<b>Third Language</b>
		<b>State License Held</b>	<b>Degree(s) Obtained</b>
<b>Please list any other specific skills or abilities:</b>			
<b>Have you ever been convicted of a felony? Yes No      A misdemeanor (other than a traffic violation) Yes No</b> <b>If yes, please explain:</b>			
<b>A Criminal Background Check is required of volunteers:</b>			
<input type="checkbox"/> <b>I agree to a background check. Birthdate</b> ___/___/___ <b>Other Names</b> _____			
<b>Do you have any special circumstances or requirements?</b>			
<b>Signature</b>			<b>Date</b>

### Privacy Act Statement

This information is requested by the Rock Island 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: [tfoes@co.rock-island.il.us](mailto:tfoes@co.rock-island.il.us)**  
**Fax: 309-793-4050**  
**Or mail to: Theresa Foes**  
**2112 25<sup>th</sup> Avenue**  
**Rock Island, IL 61201**

08/31/06