

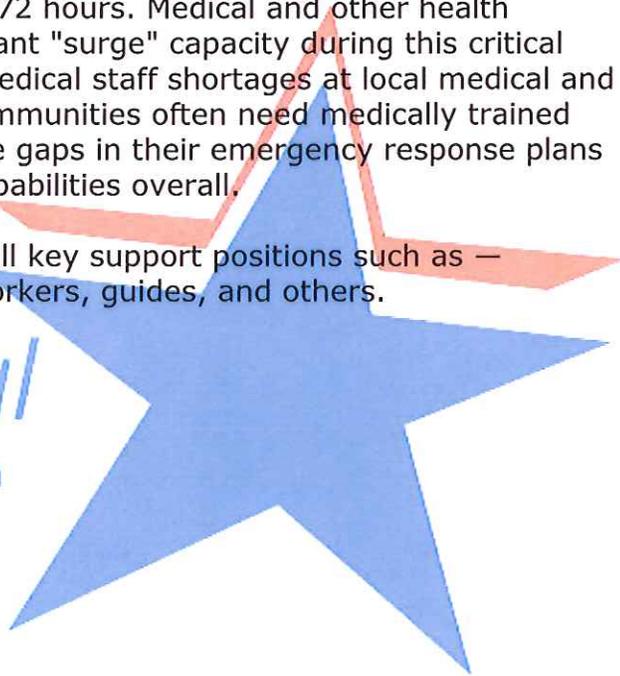
### What do MRC Volunteers do?

The responsibilities of MRC volunteers vary, depending on the nature of the needs in the community. MRC volunteers can assist during emergencies and assist with public initiatives and ongoing community health outreach and education efforts.

Major emergencies can overwhelm the capabilities of first responders, particularly during the first 12 to 72 hours. Medical and other health volunteers can provide an important "surge" capacity during this critical period. They also can augment medical staff shortages at local medical and emergency facilities. In short, communities often need medically trained individuals and others to fill in the gaps in their emergency response plans and to improve their response capabilities overall.

Non-medical MRC members can fill key support positions such as — interpreters, counselors, office workers, guides, and others.

*medical  
reserve  
corps*





## 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"/> _____ <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</b> Valid Y/N Expires: _____		<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>			
Have you ever been convicted of a felony? Yes No    A misdemeanor (other than a traffic violation) Yes No <b>If yes, please explain:</b>			
<b>A Criminal Background Check is required of volunteers:</b> <input type="checkbox"/> I agree to a background check. Birthdate ___/___/___ Other Names _____			
<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.

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