Rock Island County
Medical Reserve Corps
2112 25th Avenue
Rock Island, IL 61201
Telephone: 309-558-2802
Fax: 309-793-4050
Email: nludwig@rockislandcountyil.gov

VOLUNTEER APPLICATION

Please print or type

Name		
Street Address (Mailing)		
City	**State**	**Zip**
Home Phone	**Work Phone**	**Cell Phone**
Email		**Employer**

Type: Healthcare Professional:
- ☐ **Doctor** (all categories)
- ☐ **Nurse**
- ☐ **Pharmacy**
- ☐ **Other** _____

Type: Non Healthcare
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Requested means of communication:
- ☐ **Mail to above address**
- ☐ **Mail to** _____
- ☐ **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**

Please list any other specific skills or abilities:

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 is required of volunteers:

☐ **I agree to a background check. Birthdate** ___/___/___ _ **Other Names** _____

Do you have any special circumstances or requirements?

Signature	**Date**

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: nludwig@rockislandcountyil.gov
Fax: 309-793-4050
Or mail to: Nita Ludwig
2112 25th Avenue
Rock Island, IL 61201

08/31/06