



McHenry County Department of Health



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 _____

Home E-Mail _____ Work E-Mail _____

*Home Phone _____ Work Phone _____

Cell Phone _____

*Social Security Number _____ *Driver's License Number _____

*Date of Birth (Month/Day/Year) ____/____/____ Race _____ Driver's License State _____

Preferred method of contact: Home Phone _____ Work Phone _____ Cell Phone _____ Home Email _____ Work Email _____

*Emergency Contact: Name _____ Phone Number: _____

Relationship to you: _____

(*)These are required fields

Medical History

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

- | | | | |
|----------------|-------------------|---------------------|---------------------|
| Epilepsy | Diabetes | Cardiac Disease | Auto-immune Disease |
| Cerebral Palsy | Vascular Disorder | Parkinson's Disease | Multiple Sclerosis |
| Hemophilia | Hearing Disorder | Eye Disorder | Behavioral Health |
| Back Trouble | | | |
| Other _____ | | | |

If you have circled any of the above conditions, please explain your limitations to ensure proper placement.

Medical Profession (if applicable)

Profession _____ Are you actively practicing? _____
(e.g. MD,RN,LPN,CNA,DDS,pharmacist,EMT)

License or Certification Number _____ State _____ Exp. Date _____

Employment

Which setting best describes your current or most recent work experience?

____ Presently not working ____ Hospital ____ Clinics ____ Public Health ____ EMS ____ Retired
____ Private Practice ____ Other (describe) _____

Employment (continued)

Present Employer _____ Supervisor _____

Phone # _____

Street Address _____ City _____

State _____ Zip Code _____

Position/Title _____

Travel

Would you be willing to travel? _____ How far? _____ What length of time? _____
(ex. 30-50- or unlimited miles) (ex. 24-48-72 hours)

**Student Information
(If Applicable)**

Institution _____

Area of Study or Major _____

Expected Date of Completion/Graduation _____

Areas of Expertise

Languages in which you are fluent: _____

Please check if you have certification or training in any of the following:
Expiration Date: month/year

_____ ALS Training _____ / _____

_____ Bloodborne Pathogens _____ / _____

_____ CERT Training _____ / _____

_____ CPR _____ / _____

_____ Emergency Medical Training _____ / _____

_____ First Aid _____ / _____

_____ First Responder Training _____ / _____

_____ HAZ Mat Training _____ / _____

_____ Incident Management _____ / _____

_____ Infection Control _____ / _____

_____ INVENT Training _____ / _____

_____ Risk Communication _____ / _____

_____ Other _____

References

Please list two non-relative professional references.

#1

Name _____ Phone Number _____

Street Address _____ City _____ State _____

Zip Code _____

E-Mail Address _____

#2

Name _____ Phone Number _____

Street Address _____ City _____ State _____

Zip Code _____

E-Mail _____

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

What interested you in becoming a member of 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: Liz Hackett, Medical Reserve Corps
2200 N Seminary Ave, Annex A
Woodstock, IL 60098