



**LaSalle County
Medical Reserve Corps**

717 East Etna Road
Ottawa, IL 61350
Telephone: 815-433-3366
Fax Number: 815-433-1636
lasallecomrc@gmail.com

VOLUNTEER APPLICATION

Please print or type

Name			
Street Address (Mailing)			
City		State	Zip
Home Phone	Work Phone		Cell Phone
Email		Employer	
Type: Healthcare Professional: <input type="checkbox"/> Doctor (all categories) <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____	Type: Non Healthcare <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Requested means of communication: <input type="checkbox"/> Mail to above address <input type="checkbox"/> Mail to _____ <input type="checkbox"/> Email to above	
For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number # _____ Valid Yes / No Expires: _____		Second Language	Third Language
		State License Held	Degree(s) Obtained
Level of Participation Desired: I prefer to be: <input type="checkbox"/> ACTIVE Receives notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receives only notification of training drills and exercises and all emergency events <input type="checkbox"/> EMERGENCY ONLY Receives notification of only major emergency events <i>NOTE: All levels of volunteers will need to attend some basic training or MRC orientation and training from the LaSalle County Health Department and partnering emergency response agencies</i>			
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 all volunteers. No sex offense convictions; no drug convictions within last ten (10) years. Past convictions will not necessarily prevent a volunteer from being accepted but will be evaluated on case by case basis.			
Birthdate (MM/DD/YYYY) ___/___/___ Other Names (Including maiden) _____			
Which Community would you prefer to serve in? Check Choice LaSalle/Peru Ottawa Mendota Streator Lake Holiday Oglesby Any community within LaSalle County			Valid Driver's License? Yes No State: D/L#:
AGREE TO DEPLOY OUTSIDE OF AREA Y / N			
Signature			Date

Privacy Act Statement

This information is requested by the LaSalle 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 fax to: 815-433-1636
Or mail to: LaSalle County Health Department
Attn: Emergency Preparedness
717 E. Etna Road
Ottawa, IL 61350