



### Oak Park Medical Reserve Corps Volunteer Application

Information collected with this application form will be retained confidentially. Please answer all questions as completely as possible. The use of this form does not necessarily indicate that positions are open nor does it constitute an offer of membership or a contract of membership. Please type or write legibly in ink.

#### Section I. Personal Contact Information

Name	Last	First	M.I.	Social Security #
Street Address		(P.O. Box#)	Apartment#	
City		State	Zip	
Home Phone	Business Phone	Cell/Pager	Email Address	

#### Section II. Employment Contact Information

Profession \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Retired \_\_\_ Student \_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

General Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_

Please list an additional person who may be used to contact you (at or outside of work) if we are unable to reach you using the information provided above.

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

#### Section III. License or Certification (Please Attach a Copy)

Field	State(s)	Number	Expiration
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Field	State(s)	Number	Expiration

#### Section IV. Education

Primary Education	University or Institution	Year Awarded
Graduate Education	University or Institution	Year Awarded

**Section V. Additional Certifications**

	Most Recent Date	Certifying Agency
1. CPR: Adult ___ Child ___ Infant ___ AED ___	_____	_____
2. First Aid	_____	_____
3. Disaster Training	_____	_____
4. CERT (Community Emergency Response Teams)	_____	_____
5. Blood Borne Pathogens	_____	_____
6. Other	_____	_____

**Section VI. References**

List two individuals (not related to you) who are familiar with your qualifications and/or experience. These references may be checked for verification of information provided in this application.

1.

Last Name	First	Occupation
Business or Home Address		
Phone		

2.

Last Name	First	Occupation
Business or Home Address		
Phone		

**Section VII. Related Experience**

**Please list all paid and/or volunteer experience which would benefit the MRC.**

Employer	Phone Number	Dates of Employment	May we contact?
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**Office or Medical Skills**

Do you have experience entering data into a computer database?

- I do this routinely (at least once a month)
- I do not do this routinely, but have prior experience and would be able to if need.
- I have no experience with this.

Do you have access to the Internet at home?

Are you able to receive email at home?

**YES NO**  
**YES NO**  
**YES NO**

Do you or have you supervised staff or volunteers?

Have you been trained to draw blood?

- I do this routinely
- I do not do this routinely, but have prior experience and would be able to if necessary.
- I have no experience with this.

Indicate which groups or groups you have experience with in drawing blood.

Adults  Children  Infants

Have you been trained to give injections?

- I do this routinely
- I do not do this routinely, but have prior experience and would be able to if necessary.
- I have no experience with this.

Please specify if you have experience giving the following types of injections:

Intramuscular  Subcutaneous  Intradermal

Please indicate which group or groups you have experience with in giving injections.

Adults  Children  Infants

Have you ever administered small pox vaccine?

**YES NO**

**Section VIII. Training**

- |   |            |           |
|---|------------|-----------|
| 1. Are you familiar with Incident Command System of Emergency Management?                     | <b>YES</b> | <b>NO</b> |
| If yes, specify level of training Not at all_____ Somewhat_____ Fully Trained_____            |            |           |
| 2. Are you familiar with basic principles of epidemiology?                                    | <b>YES</b> | <b>NO</b> |
| If yes, specify level of familiarity Not at all_____ Somewhat_____ Fully Trained_____         |            |           |
| 3. Have had any training regarding terrorism preparedness or emergency response to terrorism? | <b>YES</b> | <b>NO</b> |
| If yes, please specify type of training _____   |            |           |

**Please describe any additional specialized skills or training applicable to the MRC:**

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**Section IX. Languages (Non - English)**

Please indicate whether basic, intermediate, or advanced.

Language	Read	Write	Speak
Language	Read	Write	Speak

**Section X. Vaccine History**

Have you been vaccinated against any of the following pathogens?

If yes, list the year of your last vaccination.

	YES	NO	Year
1. Anthrax	YES	NO	_____
2. Influenza	YES	NO	_____
3. Hepatitis A	YES	NO	_____
4. Hepatitis B	YES	NO	_____
5. Meningitis	YES	NO	_____
6. Smallpox	YES	NO	_____
7. Tetanus	YES	NO	_____
8. Tularemia	YES	NO	_____
9. Other _____			_____

**Section XI. Additional Individual Considerations (Allergies, Special Needs, Medical Problems, Availability):**

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**Section XII. Volunteering Areas**

**Additional responsibilities may be possible for a member, please rate these volunteering opportunities from 1 to 4, 1 as the most interested.**

1. Emergency Response Team - Medical and/or Support (On-Call only)	1	2	3	4
2. Public Health Information and Education	1	2	3	4
3. Volunteer Training and Management	1	2	3	4
4. Administrative Support	1	2	3	4

**Section XIII. MRC Committee Involvement**

**Would you like to use your time and skills to address issues as part of an MRC committee? If yes, please indicate with an "X" all that appeal to you.**      **Yes**      **No**

- Training and Response Planning
- Volunteerism
- Administration and Credentialing
- Community Outreach and Networking
- Resource Development

I authorize the Village of Oak Park to conduct inquiry and verification of all statements contained in this application for membership to the Medical Reserve Corps. I authorize the release of any personal and criminal history for Medical Reserve Corps Volunteer membership. I understand that any misrepresentation or omission of facts, regardless of date of discovery, may be considered grounds for termination or the withdrawal of an offer of membership. I understand that submission of this application or membership in the Medical Reserve Corps does not imply status to any individual or organization as an agent or employee of the Village of Oak Park. I also agree to abide by all rules and policies enacted by the Medical Reserve Corps.

I certify that the information given herein is true and correct to the best of my knowledge and belief.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Submit to:      Oak Park Department of Public Health  
                    Medical Reserve Corps  
                    123 Madison St.  
                    Oak Park, IL 60302

For more information, call 708.358.5488 or email [health@oak-park.us](mailto:health@oak-park.us)