



VOLUNTEER APPLICATION

Bureau / Putnam County
Health Department

Please print or type

Name			
Street Address (Mailing)			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Email		Employer	
Profession: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Veterinarian	<input type="checkbox"/> Mental Health <input type="checkbox"/> Social Worker <input type="checkbox"/> EMT <input type="checkbox"/> Non Medical <input type="checkbox"/> Other _____ _____	Emergency contact information: Name: Address: Home #: Cell #:	
License or Certificate/Registration Number if applicable:		Languages:	
		State License Held:	Expiration Date:
Level of Participation Desired: I prefer to be: <input type="checkbox"/> ACTIVE Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receive only notification of training drills & exercises and all emergency events			
Volunteer Interests: Check all that apply: Administration___ Public Safety___ Clinical___ Fundraising___ Database___ Volunteer Coordination___ Behavioral Health___ Distribution___ Clerical Help___			
A Criminal and Sexual Background Check is required of all volunteers: I do hereby give Region V Medical Reserve Corps permission to release personal information with local, state and federal emergency management agencies and other Health and Human Service agencies as needed. Date of Birth ____/____/____ Signature _____ Date ____/____/____			
Privacy Act Statement This information is requested by Region V Medical Reserve Corps and is for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law and all information will be kept in a secure manner.			
Signature			Date

Les Grant: Bureau/Putnam County MRC Coordinator
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 Princeton, IL 61356
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