

Jasper County Emergency VOLUNTEER APPLICATION

Please print or type

Name		Birth Date	Social Security Number	
Mailing Address				
City		State		Zip
Drivers License Number		D/L State	D/L Expires	
Home Phone	Work Phone		Cell Phone	
E-mail Address			Fluent Language Skills (Include sign language)	
Employer			Employer Address	
Type: Healthcare Professional: <input type="checkbox"/> Doctor (all categories) <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacy <input type="checkbox"/> Counselor <input type="checkbox"/> Veterinarian <input type="checkbox"/> EMT <input type="checkbox"/> Other _____		Volunteering for Non-Healthcare: (Check all that apply) <input type="checkbox"/> Clerical Support <input type="checkbox"/> Security <input type="checkbox"/> Transportation <input type="checkbox"/> Kitchen Worker <input type="checkbox"/> Health Educator <input type="checkbox"/> Greeter <input type="checkbox"/> Runner <input type="checkbox"/> Other _____		Comments:
For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number: Valid: Y / N State: _____			Specialty	Degree(s) Obtained
			Date License Issued	Date License Expires
Experience / Skills: (Include both paid and volunteer experience beginning with most recent)				
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 volunteers are required to take the orientation training and the training from Jasper County Health Department. Additional training is optional for occasional and emergency levels at this time.</i>				
1. Have you ever been convicted of a felony? Yes No A misdemeanor (other than a traffic violation) Yes No If yes, please explain: 2. Have you ever been charged with neglect, abuse or assault? Yes No 3. Has your driver's license ever been suspended or revoked in any state? Yes No 4. Do you use illegal drugs? Yes No 5. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? Yes No				
A Criminal Background Check may be required of some volunteers: <input type="checkbox"/> YES, I agree that a background check may be performed. Other Names/Maiden Name _____ <input type="checkbox"/> NO, I do not wish to have a background check performed (Refusal of a background check does not automatically eliminate you from consideration for volunteer service.)				

Which Community would you prefer to serve in? Circle Choice: Jasper County ANY
Agree to deploy outside of area: Y / N

Signature

Date

Privacy Act Statement

This information is requested by the Jasper County Emergency Volunteer Program 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.

Jasper County Health Department Emergency Volunteer Program
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