

Form 5 – FWBCHD Volunteer Application

Following area to be filled out by staff

Assignable to (place check in each area this volunteer can be assigned to):							
Triage	<input type="checkbox"/>	Medical Evaluation	<input type="checkbox"/>	Form Distribution	<input type="checkbox"/>	Education	<input type="checkbox"/>
Form Review	<input type="checkbox"/>	Medical Screening	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Dispensing	<input type="checkbox"/>
Exit/Form Collect.	<input type="checkbox"/>	Orientation/Guide	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Translator	<input type="checkbox"/>
Information Tech	<input type="checkbox"/>	Security	<input type="checkbox"/>	Traffic Control	<input type="checkbox"/>	Crowd Control	<input type="checkbox"/>
Vehicles/Drivers	<input type="checkbox"/>	Finance/Admin.	<input type="checkbox"/>	Volunteer Coord.	<input type="checkbox"/>	Inventory Control	<input type="checkbox"/>
Other (please indicate): _____							

Last Name	First Name	Middle	
Home Address	City	State	Zip Code
Business Address	City	State	Zip Code
Home Phone	Business Phone	E-mail address	Fax Number

Current Employment

Employer		
Length of Employment		
Position/ Title		
Mailing Address		
City	State	Zip Code

Experience

Organization Name	Address	Phone
From: _____ to _____	Supervisor's Name/Title:	
Organization Name	Address	Phone
From: _____ to _____	Supervisor's Name/Title:	

Prior Disaster Relief Experience:

Prior or Current Volunteer Experience:

Current License (s):

Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:

Language Skills (include sign language):

Volunteer Opportunities:	
Are you registered with any other volunteer/emergency disaster systems? Yes _____ No _____	
List: _____	
<i>Check activities which interest you or skills you possess:</i>	
<input type="checkbox"/> Administration	<input type="checkbox"/> Development
<input type="checkbox"/> Clerical	<input type="checkbox"/> Disaster Education
<input type="checkbox"/> Consulting	<input type="checkbox"/> Marketing
<input type="checkbox"/> Communications	<input type="checkbox"/> Public Relations
	<input type="checkbox"/> Translating Language _____
	<input type="checkbox"/> Youth Programs
	<input type="checkbox"/> Other: _____
Availability	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
<input type="checkbox"/> Anytime	
<input type="checkbox"/> Prefer continuous duty <input type="checkbox"/> Prefer duty on separate days	
<i>Please indicate the duration and distance to which you could commit if activated.</i>	
<input type="checkbox"/> Within 25 miles of home <input type="checkbox"/> 25-50 miles <input type="checkbox"/> 50-100 miles <input type="checkbox"/> Distance is not an issue <input type="checkbox"/> Other	
<input type="checkbox"/> Statewide Geographic preference:	
<input type="checkbox"/> 8 hours <input type="checkbox"/> 16 hours <input type="checkbox"/> 24 hours	
Emergency Contact Information	
Name:	Relationship:
Home Phone:	Work Phone:
Name:	Relationship:
Home Phone:	Work Phone:
Medical Information	
Describe any restrictions on your activities (physical, medical, mental):	
Immunizations	
Date of last tetanus shot:	Other immunizations (smallpox, etc):
Personal Information	
Are you licensed to operate a motor vehicle in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently charged with or have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

Volunteer Agreement

1. The information provided is complete and true. If information given on this application is incomplete or untrue, I understand my assignment may be terminated.
2. I have disclosed any felony convictions. I agree to a background check, verification of the statements contained herein and additional screening procedures.
3. I understand that my own insurance will be used as coverage for illnesses and injuries and that I am ultimately responsible for any costs incurred.
4. I agree to respect the rights, property and confidentiality of emergency workers and individuals affected by disaster.
5. I agree to adhere to the rules/instructions of my job assignment(s) so as not to jeopardize relief operations or procedures.
6. I agree to uphold the mission of the health agency in the event of a disaster.

Signature: _____ Date: _____

Host Agency: _____ Title: _____

Signature: _____ Date: _____

Please turn in or mail application to: Franklin-Williamson Bi-County Health Dept., 8160 Express Drive, Marion, IL 62959, attn. Ronda Koch