



WILL COUNTY HEALTH DEPARTMENT MEDICAL RESERVE CORPS

APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Street Address		Apartment/Unit #:
City	State	Zip Code
Primary Telephone	Phone Type	Is texting enabled? Y N
Secondary Telephone	Phone Type	Is texting enabled? Y N
Email Address		
	EMERGENCY CONTACT INFO	RMATION
Name	Phone Number	Relationship
	APPLICANT DETAILS	3
Do you have a valid driver's	license and/or a reliable source of t	ransportation? Y N
If you have a vehicle, is it co	urrently insured? Y N	
Please select your highest	level of education attained:	
HS Diploma/GED Ass	sociate Degree Bachelor's Degree	Master's Degree Doctorate Degree
NON-MEDICAL		
Do you hold a valid non-m e	edical professional license or certific	cation?
License 1 Type	License #	Expiration Date
Is there current pending ac	tion against this license? Y	N
License 2 Type	License #	Expiration Date
Is there current pending ac	tion against this license?	N

MEDICAL

Do you hold a valid medical	professional license or ce	rtifica ⁻	tion?	
License 1 Type	License #			Expiration Date
ls there current pending action	on against this license?	Υ	N	
License 2 Type	License #			Expiration Date
ls there current pending action	on against this license?	Υ	N	
Please share any training, tal				ur volunteer service.
How did you learn about the		tment	Medica	·
County Employee				•
Will County Health Depa	rtment Website			
Radio/Television				
Social Media				
Other (please specify)				

APPLICANT AGREEMENT

- I attest that I am at least 18 years of age and do not require parental or guardian authorization to enter into this agreement.
- The information provided is complete and true. If information given in this application is incomplete or untrue, I understand my assignment may be terminated.
- I have disclosed any previous criminal convictions and arrests. I agree to a background check, verification of the statements contained herein, and additional screening procedures.
- I understand that my own insurance will be used as primary coverage for illnesses and injuries and that I am ultimately responsible while serving as a volunteer.
- I state that I have no health or physical problems that will interfere with my health or my performance as a volunteer.
- I understand that I am not an employee of the County of Will, Will County Board of Health,
 Will County Health Department, and the Will County Emergency Management Agency and

- that I will not receive compensation or other employment related benefits while serving as a volunteer.
- I understand that if accepted, I will be a volunteer member of the Will County Emergency Management Agency (EMA) specifically detailed to the Will County Health Department (WCHD) and that my role is limited to the WCHD Emergency Preparedness & Response program.
- I agree to respect the rights, property, and confidentiality of emergency workers, staff, volunteers, clients, and other individuals affected by disaster.
- I agree to adhere to the rules / instructions of my job assignment(s) so as not to jeopardize relief operations or procedures.
- I hereby attest that my attendance and involvement with the County of Will, Will County Board of Health, Will County Health Department, and the Will County Emergency Management Agency is voluntary, that I am participating at my own risk.
- I agree to indemnify, defend and hold harmless the County of Will, Will County Board of Health, Will County Health Department, and the Will County Emergency Management Agency, its officers, directors, employees, volunteers, and agents and any person or organization for whom they are providing services for, their agents, officers, directors and personnel. I will defend the above from any claim that I or anyone may have arising from my performance as a volunteer.

APPLICANT SIGNATURE

Applicant Acknowledgment: By signing this applicant agreement and release, I acknowledge that I have read its contents, that I understand its contents, and that I agree to its terms.

Signature	Date
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Printed Name	



