



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 INFORMATION

Name _____ Phone Number _____ Relationship _____

APPLICANT DETAILS

Do you have a valid driver's license and/or a reliable source of transportation? Y N

If you have a vehicle, is it currently insured? Y N

Please select your highest level of education attained:

HS Diploma/GED Associate Degree Bachelor's Degree Master's Degree Doctorate Degree

NON-MEDICAL

Do you hold a valid **non-medical** professional license or certification?

License 1 Type _____ License # _____ Expiration Date _____

Is there current pending action against this license? Y N

License 2 Type _____ License # _____ Expiration Date _____

Is there current pending action against this license? Y N

MEDICAL

Do you hold a valid **medical** professional license or certification?

License 1 Type _____ License # _____ Expiration Date _____

Is there current pending action against this license? Y N

License 2 Type _____ License # _____ Expiration Date _____

Is there current pending action against this license? Y N

Please share any training, talents, or interests that might support your volunteer service.

How did you learn about the Will County Health Department Medical Reserve Corps?

Current or Past Will County Health Department Medical Reserve Corps Member

County Employee

Will County Health Department 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 _____

Printed Name _____

