

Village of Skokie
Medical Reserve Corps Volunteer Application

This is an application to volunteer for the Village of Skokie. If you are not a Skokie resident or someone who works in Skokie, please first contact your home organization to volunteer. If your jurisdiction is not holding vaccination clinics or is not accepting volunteers at this time, you are welcome to apply to be a Skokie MRC volunteer!

Prospective volunteers: Please complete both pages of this document to apply for a volunteer position with the Skokie Medical Reserve Corps (MRC). If you hold one, please attach a copy of your State of Illinois medical professional license with the application form. All applications will be evaluated by a staff member to determine appropriate placement.

In addition, you must go to Illinoishelps.net and sign up to be in the Skokie MRC. This is where your background check will occur. If you do not complete this step with all tabs, your application will not be complete. It will be rejected and you cannot volunteer. Thank you for your interest!

Prefix: _____ First Name: _____ Last Name: _____

Birth Date ____/____/____ Day Phone (____) ____ - ____ SSN: ____/____/____

E-mail address _____ Evening Phone (____) ____ - ____

Cell Phone (____) ____ - ____

Home Address _____ City _____ State ____ Zip ____ - ____

Drivers License #: _____ State: ____ Type: _____ Restrictions: _____

Occupation _____ Employer _____

Business Address _____ City _____ State ____ Zip ____ - ____

Are you a year-round resident? Yes No Months you are available _____

If you have any health limitations, please explain: _____

I am willing to volunteer in: village county neighboring county state U.S.

Are you currently affiliated with a disaster relief agency? Yes No If yes, name of agency: _____

Availability: Days: _____ Hours: _____

Special Needs/Disabilities: _____

Special skills, vocational/disaster training, other languages spoken: _____

Have you ever been employed (paid or volunteer) here before? Yes No

If yes, give date and reason for leaving: _____

Are you 18 years of age or older? Yes No

Are you a citizen of the United States? Yes No

Have you been convicted of a felony? Yes No (Such conviction will not automatically bar you from volunteering.)

If yes, please explain: _____

Emergency Contact _____ Relationship _____ Emergency Phone (____) ____ - ____

Please **mark** ALL licenses or certificates held. **Attach a copy of all licenses and/or certificates to this application.**

Physicians: MD DO Specialty: _____

Nurses: RN NP LPN CNA Midwife Specialty: _____

Technicians: RCP Radiology Tech Surgical Tech

Pharmacology: RPH INT Pharmacy Tech

Behavioral Sciences: PSY RP LEP LSW LCSW

LCPC MSW MFC ACSW ASW

CADC Psych Tech Spiritual Care

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Other Medically Related: DC DDS OPT PA-C
 EMT-B EMT-P CNA Medical Assistant
 Veterinarian Vet Tech

Student - Field of Study: _____

Other (please specify): _____

Professional Lic #: _____	State Issued: _____	Expiration: _____	Verified by: _____
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IMPORTANT – PLEASE READ THE FOLLOWING CAREFULLY:

I certify that information contained in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any facts, as stated or implied, given in my application, interview(s), or other employment forms will be sufficient reason not to accept my application and shall be grounds for immediate discharge if I am accepted. I further understand that this application is not intended to be a contract of employment. I authorize investigation of all statements in this application as may be necessary in arriving at an acceptance decision. I hereby release from liability the Village of Skokie and its representatives for seeking, gathering, or using such information and all other persons, corporations, or organizations for furnishing such information. I also understand that, if accepted, I am required to abide by all rules, ordinances, and regulations of the Village. The Village policies and procedures relating to conditions of participation are subject to modification by the Village without notice.

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the Village of Skokie, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person or agency transporting me to or from any disaster relief activity. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during disaster relief efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I further understand that the Village of Skokie will be conducting a background check that may include, but not be limited to any criminal history.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature _____ Date _____

Office Use Only:

Interviewer Notes: _____

Interviewer: _____ **License verified by:** _____

Applicant Placement: _____

Return this completed form to either:

Claudia Braden, RN, BSN, MPH
Skokie MRC Director/Public Health Nurse
Skokie Health and Human Services Department
5127 Oakton Street
Skokie IL, 60077
Claudia.Braden@Skokie.org
847.933.8252

Dane Smith
Assistant to the Chief
Skokie Police Department
7300 Niles Center Road
Skokie, IL 60077
847.982.5915
Dane.Smith@Skokie.org