

# Knox County Health Department Emergency Response Volunteer Registration Form

## GENERAL INFORMATION

Current Date \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Business Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email \_\_\_\_\_  
Employment Status \_\_\_\_\_ If other, please explain: \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Email \_\_\_\_\_

## EXPERIENCE

### *Previous Volunteer Experience*

Organization \_\_\_\_\_  
Position/Responsibilities \_\_\_\_\_  
Dates \_\_\_\_\_

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Dates \_\_\_\_\_

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Position/Responsibilities \_\_\_\_\_  
Dates \_\_\_\_\_

### *Current Professional License(s)*

Type \_\_\_\_\_ Expires \_\_\_\_\_  
Licensure Number \_\_\_\_\_ State IL

Type \_\_\_\_\_ Expires \_\_\_\_\_  
Licensure Number \_\_\_\_\_ State IL

## EXPERIENCE

*(Students indicate school currently attending)*

Institution Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended/Anticipated Graduation Date \_\_\_\_\_

List Languages Spoken Fluently (including sign) \_\_\_\_\_

Other Skills (including computer) \_\_\_\_\_

## VOLUNTEER OPPORTUNITIES

*Please check all that interest you or are skills that you possess*

- |  |   |                                      |                                       |
|--|---|--------------------------------------|---------------------------------------|
| <input type="radio"/> Disaster Response  | <input type="radio"/> Clerical Support  | <input type="radio"/> CPR First Aid  | <input type="radio"/> Microsoft Excel |
| <input type="radio"/> Medical Support    | <input type="radio"/> Hotline/Call Back | <input type="radio"/> Interpreter    | <input type="radio"/> Runner/Guide    |
| <input type="radio"/> Disaster Education | <input type="radio"/> Teaching          | <input type="radio"/> Microsoft Word |                                       |

AVAILABILITY: *(Please check all that apply)*

- |   |  |                                 |                                |                                |
|---|--|---------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> Short Term (1-3 days) | <input type="radio"/> LongTerm (4-7+ days) | <input type="radio"/> Week Days | <input type="radio"/> Evenings | <input type="radio"/> Weekends |
|---|--|---------------------------------|--------------------------------|--------------------------------|

## PLEASE ANSWER THE FOLLOWING QUESTIONS

**A "yes" answer to one of the following italicized questions does not necessarily disqualify an individual from volunteering**

*Are you licensed to operate a motor vehicle in the State of Illinois?* \_\_\_\_\_ *CDL?* \_\_\_\_\_

*Has your license to operate a motor vehicle ever been revoked?* \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

*Have you ever been bonded?* \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

*Has your bonding ever been revoked?* \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

*Have you been convicted of a felony or misdemeanor within the past 24 months that resulted in imprisonment?* \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

*Why do you wish to volunteer for the Knox County Health Department?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do hereby give the Knox County Health Department permission to inquire into my driving record, employment, and/or volunteer history. I further give permission to the holder of any such records to release the same to the Knox County Health Department. I do hereby hold harmless the Knox County Health Department from any liability that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above named Knox County Health Department. I understand that the Knox County Health Department will use this information as part of its verification of my volunteer registration.

Signature Field \_\_\_\_\_