



Jackson County Health Department
Volunteer/Student Services &
Jackson County Medical Reserve Corps (JC*MRC) Application



Public Health
 Prevent. Promote. Protect.

JCHD offers a variety of volunteer opportunities and occasionally needs to be able to call on volunteers and students for a public health emergency response or an emergency response exercise. Our hope is to match your interest, talents, and goals with those of the agency and the clients we serve. Your answers on this application will not determine whether or not you will be selected as a volunteer/student worker. These questions are simply a starting point for us to get to know you. **Please print legibly.**

Name: _____ Preferred Contact Method: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

City, State, Zip: _____

E-Mail: _____ Alt. E-Mail: _____

	Y/N	Please Explain
Have you ever been a volunteer or employee with us?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when? In what capacity?
Have you ever been convicted of a crime (prior arrest or conviction will not necessarily disqualify a volunteer applicant)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
Would this volunteer work fulfill a school requirement?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently a student or employed?	<input type="checkbox"/> Student <input type="checkbox"/> Employed	Please list where:
Would you be willing to use your vehicle for volunteer tasks? (Mileage would be reimbursed)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, you will need to provide proof of insurance and a valid driver's license.
Do you have any specific medical or physical limitations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
Why do you want to Volunteer at JCHD?		
Please provide name(s) and contact information of individual(s) we can call for references:		

Please describe your area of interest, education and the specific program you most want to work in. If more than one, list in priority order.

If you are a licensed health care provider, please indicate which license:

RN LPN NP/PA Pharmacist Physician Other (describe) _____

Current active professional license #: _____ State of Issuance: _____

Please check any skills you have in the following areas:			
<input type="checkbox"/>	Clergy/Counseling	<input type="checkbox"/>	Technical (please specify)
<input type="checkbox"/>	Data entry	<input type="checkbox"/>	Telephone reception
<input type="checkbox"/>	Desktop publishing	<input type="checkbox"/>	Radio communications
<input type="checkbox"/>	Training/presenting/public speaking	<input type="checkbox"/>	Working with the public
<input type="checkbox"/>	Interpreter (what languages)	<input type="checkbox"/>	Other (please specify)

Please check days of the week and list times—morning, afternoon or evening that you could be available:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Is there a time limit of availability? (1 semester, a year, etc.) _____

Please check all categories of volunteer work for which you are interested:

- Volunteering on a regular basis
- Special events or projects (health fair, recycling collection, flu shot clinic)
- Emergency response or emergency response drills/Ja. Co. Medical Reserve Corps (JC*MRC)

I understand that this is an application for a volunteer position and that the information I have provided on this application will not be disclosed to any other agency, organization or individual without my written permission. I understand that I will not be paid for my services, except mileage reimbursement. By my signature below, I certify that the information I have provided on this application is true and correct. I also certify that I understand and agree to comply with JCHD's volunteer policies (attached).

Signature _____

Date _____

Please return to:
 Jackson County Health Department
 Attn: HR Manager
 P.O. Box 307
 Murphysboro, IL 62966
 Fax: 618-684-6023

You may also scan and email
 the form to: jcmrc@jchdonline.org

Routing Procedures from initial intake/receipt: (initial each step)

HR ____ Division Director or EP -Coord: ____ **accept / decline** Return to HR ____ Data entry/filing ____