

Peoria County MRC Volunteer Application

please print or type



Name: _____

Street (Mailing) Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-mail* _____ Employer _____

* **Your email address is required.** It is the primary method of communication to MRC members about upcoming events, opportunities and other information. *Your email address will not be solicited.*

Valid Driver's License? Yes No State _____ D/L# _____

Do you speak another language? 1. _____ 2. _____

Have you ever been convicted of a felony? Yes No A misdemeanor (other than traffic violation) Yes No

If YES, please explain: _____

Do you have to register as a sex offender? Yes No

Any special accommodations or circumstances, required? Yes No

How frequently, would you like to volunteer? Regularly Occasionally Only in emergency

Privacy Act Statement: This information is requested by the Peoria County Medical Reserve Corps for the purpose of organizing volunteers and staff to respond to area emergencies, disasters or public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law.

Signature: _____ Date: _____

Please Return: **E-mail:** peoriahealthpreparedness@peoriacounty.org • **FAX:** 309/679-6609
Mail: Peoria MRC; 2116 N. Sheridan Rd; Peoria, IL 61604

Resume, Professional License, and Certification Attachment

Please attach all your relevant resume, professional licenses, and certifications to this sheet.