



**Public Health**  
Prevent. Promote. Protect.

## Livingston County Public Health Department VOLUNTEER APPLICATION

310 E Torrance Ave.  
Pontiac, IL 61764  
Telephone: 815-844-7174X 254  
Fax Number: 815-844-7468

Please Print or Type

Name		
Street Address ( Mailing)		
City	State	Zip
Home Phone	Work Phone	Cell Phone
Email	Employer	Other Organization Volunteer
Type: Health Care Professional <input type="radio"/> Doctor (all categories) <input type="radio"/> Nurse <input type="radio"/> Pharmacist <input type="radio"/> Other _____	Type: Non Health Care <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	Requested means of Communication <input type="radio"/> Mail to above address <input type="radio"/> Mail to _____ _____ <input type="radio"/> Email to above
For all Health Care Professionals: Please indicate License Number or Certificate/Registration Number	Second Language	Third Language
# _____ Valid Yes /No Expires _____	State License Held	Degree(s) obtained
Level of Participation Desired: I prefer to be: <input type="radio"/> <b>Active</b> Receives notifications of ALL training opportunities, training drills, emergency events, as well as non-emergency volunteer opportunities. <input type="radio"/> <b>Limited</b> Receives only notification of training drills and exercises and all emergency events. <input type="radio"/> <b>Emergency Only</b> Receives notification of only major emergency events. <b>Note:</b> All levels of volunteers will need to attend some basic training or MRC orientation and training from the Livingston County Public Health Department and partnering emergency response agencies.		
Have you ever been convicted of a felony? Yes / No      A misdemeanor (other than a traffic violation)? Yes/No If Yes, please explain:		
A criminal background check is required of all volunteers. No sex offense convictions; no drug convictions within the last ten (10) years. Past convictions will not necessarily prevent a volunteer from being accepted but will be evaluated on case by case basis.		
Birthdate (MM/DD/YY) _____ Other Names ( Including Maiden) _____		
<b>Which Community would you prefer to serve in? Circle Choice</b> Pontiac   Dwight   Fairbury Any community with in Livingston County Agree to deploy outside of area <b>Yes/No</b>	Valid Driver's License? Yes/No State: _____ DL # _____	
Signature		Date

### Privacy Act Statement

This information is requested by the Livingston 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.

Please fax to: 815-844-7468  
Or mail to: Livingston County Public Health Department  
Attn: BT Coordinator