



*Crawford County
Medical Reserve Corps
202 N. Christopher Boulevard
Robinson, IL. 62454
Phone: 618-544-8798
www.cchd.net*

VOLUNTEER/MEMBERSHIP APPLICATION

Please print or type

Name: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

City/Town: _____ Day Phone: _____

Email: _____

Emergency Contact (Name/Phone): _____

You're Occupation: _____ Employer: _____

Skills, Experience & Qualifications

Fluency in Language(s) other than English (incl. sign language): _____

Licenses/Professional Certifications: _____

Professional Background: _____

Education Background: _____

Computer Skills: _____

Prior or Current Volunteer Experience: _____

Prior Disaster Relief Experience: _____

Other Skills:

- | | |
|--------------------------------------------------------|-------------------------------------------------------------|
| <input type="radio"/> Administration/Secretarial | <input type="radio"/> Human Resources (interview/recruit) |
| <input type="radio"/> Accounting/Finance/Bookkeeping | <input type="radio"/> Mental Health Counselor/Social Worker |
| <input type="radio"/> Civil Servant (Police/Fire/Etc.) | <input type="radio"/> Management |
| <input type="radio"/> Child Care | <input type="radio"/> Technical (IT Professional, Etc.) |
| <input type="radio"/> Customer Service | <input type="radio"/> Trade: _____ |
| <input type="radio"/> Food Service | <input type="radio"/> Transportation (Bus/Truck) |
| <input type="radio"/> Health Services | <input type="radio"/> Other: _____ |

