

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:		Н	Home Phone:				
Home Addre	ess:		Cell Phone:				
	Email:						
Emergency	Contact (Name/Phone):						
	upation:						
	Skills, Experience & Qualification						
Fluency in L		<u></u>	guage):				
	ofessional Certifications:						
	I Background:						
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Education B	Background:						
	skills:						
	rent Volunteer Experience:						
Prior Disaste	er Relief Experience:						
O	ther Skills:						
0	Administration/Secretarial	0	Human Resources (interview/recruit)				
0	Accounting/Finance/Bookkeeping	0	Mental Health Counselor/Social Worker				
0	Civil Servant (Police/Fire/Etc.)	0	Management				
0	Child Care	0	Technical (IT Professional, Etc.)				
0	Customer Service	0	Trade:				
0	Food Service	0	Transportation (Bus/Truck)				
0	Health Services	0	Other:				

General Availability: First line Day, Second line Evening

Tuesday

Monday

Sunday

										-
•	-	personal transp								
Descri	be any	restrictions on	your activiti	ies (p	ohysical, n	nedica	l, mental)):		
•		ng and able to p	•				YES	NO		
		idency (number								
Are yo	u curre	ntly charged w				convic	ted of a f	elony?		
			YES		NO					
If yes,	explain	1:								
		(2)					-			
	List th	aree (3) refere		nds,	coworker	s, or e				Number of
		Name	and Address				P	hone #	Acquaintance	years known
D		T P								
		<u>c Information</u>	It : d £	·			. 40	: 4		
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	0				Date of Bi		/	/		
		Female	m 4		Ethnicity:					
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1.		formation prov plete or untrue		-				_	this application	ı is
2.	I have	disclosed any	felony conv	ictio	ns. I agree	e to a l	oackgrou	nd check,	verification of	the
3		ents contained							worker and indi	viduale
٥.	_	ed by disaster.	rigins, prop	city,	and Conn	uenna	nty of ell	ici gelicy	worker and mu	viduals
Signature:						Date:				

Wednesday

Thursday

Friday

Saturday