



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

EMERGENCY INCIDENT REHAB VOLUNTEER RECORD

Please print or type

Name: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

City/Town: _____ Day Phone: _____

Email: _____

Emergency Contact (Name/Phone): _____

Your Occupation: _____ Employer: _____

Indicate General Availability by making a checkmark: First line Day, Second line Evening

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Any medical certifications (must provide current copies): _____

Do you have personal transportation? _____

Describe any restrictions on your activities (physical, medical, mental): _____

Are you willing and able to perform manual labor? YES NO

Are you currently charged with or have you ever been convicted of a felony?

YES NO

Volunteer Agreement

1. I have disclosed any felony convictions. I agree to a background check, verification of the statements contained herein and additional screening procedures.
2. I agree to respect the rights, property, and confidentiality of emergency worker and individuals affected by disaster.

Signature: _____

Date: _____