



CONFIDENTIAL VOLUNTEER APPLICATION

Last Name		First Name		__ male __ female	Email
Street Address (Mailing)					
City			State	Zip	
Home Phone			Cell Phone		
Current Employer: _____			Job position: _____		
Work Address: _____			Work Phone: _____		
_____			Occupation: _____		
Requested means of communication: __ Mail __ Email Emergency Contact: _____ Emergency Phone: _____					
In what area(s) do you feel you could participate during an emergency or public health situation? __ vaccinator __ medical screener __ mental health consultant __ greeter __ other _____					
For All Healthcare Professionals - Please indicate License Number or Certificate/Registration					
Number _____		Valid Y / N		Date of Exp: _____	
Current Training Certificates					
CPR/AED Yes ___ No ___ Date of Exp. _____ Other _____					
Educational Background					
Date	Institution	Major		Degree	
Level of Participation Desired - I prefer to be:					
<input type="checkbox"/> ACTIVE - Willing to participate in the development off ALL training opportunities, training drills, exercises, and emergency events					
<input type="checkbox"/> LIMITED - Receives notification of training drills and exercises and all emergency events					
<input type="checkbox"/> EMERGENCY ONLY - Receives notification of only major emergency events					
<i>NOTE: All volunteers are required to take the orientation training. Additional training is optional. All volunteers will be notified of the Village of Arlington Heights Pharmaceutical Distribution Exercises.</i>					
Have you ever been convicted of a felony? ___ Yes ___ No					
If yes, please explain:					
Other Pertinent Information:					
Would you be able to perform the volunteer duties of this position with or without accommodation? If accommodation would be needed, what is the nature of the accommodation? _____					

Second Language? _____					
Signature				Date	

Privacy Act Statement This information is requested by the Village of Arlington Heights 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.



PRE-EMPLOYMENT BACKGROUND AUTHORIZATION

I authorize and empower the Village of Arlington Heights and its representatives, any consumer reporting agency, or other outside service company engaged by said organization for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation and other relevant information, through correspondence or personal interviews with neighbors, friends or others with whom I am acquainted or who may have knowledge concerning any of the above items.

I am aware and understand that my fingerprints and/or personal identifiers will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

Upon written request, I understand that said organization will provide me with information regarding the scope of the investigation if one is made.

I release the Village from any liability for damages resulting from conducting the background investigation.

I certify that I have read this authorization form and understand its meaning and purpose.

_____ Signature	_____ Date
_____ Print Name	_____ Maiden Name if Applicable
_____ Address	_____ * Date of Birth
_____ City, State, Zip	_____ * Sex / * Race
_____ Driver's License Number / State of Issuance	_____ Social Security Number

* Sex, Race, and Date of Birth are personal identifiers that will not be used in an employment decision.

<u>FOR OFFICE USE ONLY</u>	
Department Applying For	_____
Fingerprint Check through State	_____
Fingerprint Check through State/FBI	_____
Name Check Only	_____