

Cherokee County Medical Reserve Corps  
 c/o Cherokee Public Health  
 300 Sioux Valley Drive  
 Cherokee, Iowa 51012  
 Telephone: 712-225-2129  
 FAX: 712-225-1096  
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# Cherokee County Medical Reserve Corps

## Volunteer Application Form



**PERSONAL INFORMATION**

*Please Print*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ **Phone** Day: \_\_\_\_\_  
 \_\_\_\_\_ Evening: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Cellular: \_\_\_\_\_  
 Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Medical/Health Conditions: \_\_\_\_\_

Skills: (Check appropriate categories and list any special skills for the category)

- Languages, *including sign* (specify) \_\_\_\_\_
- Communications (2-way radio, ham radio) \_\_\_\_\_
- Computer Operation \_\_\_\_\_
- Computer Repair/Installation \_\_\_\_\_
- Medical Skills/Training \_\_\_\_\_
- State Medical Certification/License # \_\_\_\_\_
- Other \_\_\_\_\_
- If additional information has been written on the back of this form please check this box.**

Willing to Do: (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Forms Distribution/Collection | <input type="checkbox"/> Emergency Response         | <input type="checkbox"/> Vaccine Reminder Phone Calls |
| <input type="checkbox"/> Registration                  | <input type="checkbox"/> Data Entry                 | <input type="checkbox"/> Vaccine Administration       |
| <input type="checkbox"/> Greeter/Educator              | <input type="checkbox"/> Answer Phones              | <input type="checkbox"/> Volunteer Newsletter         |
| <input type="checkbox"/> Assist with Supplies          | <input type="checkbox"/> Janitorial/Clean Up        | <input type="checkbox"/> County Fair Booth            |
| <input type="checkbox"/> Security                      | <input type="checkbox"/> Food Service               | <input type="checkbox"/> Public Speaking/Education    |
| <input type="checkbox"/> IT Support                    | <input type="checkbox"/> Medical Screener/Evaluator | <input type="checkbox"/> Interpreting                 |
| <input type="checkbox"/> Run VCR/DVD Equipment         | <input type="checkbox"/> Health Assessments/Exams   | (Please List) _____                                   |
| <input type="checkbox"/> Other (specify) _____         |   |   |

When Available:

	M.	T.	W.	Th.	F.	S.	Sun.
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any special requirements (sitter required, disabilities, etc.) \_\_\_\_\_  
 Any other restrictions (transportation, etc.) \_\_\_\_\_

**Office Use Only**

Referral Source: \_\_\_\_\_ Date Background Check Completed: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_ Date Background Check Returned: \_\_\_\_\_  
 Circle one: Volunteer Accepted/Volunteer Not Accepted  
 Reason Not Accepted: \_\_\_\_\_