



Public Health
Prevent. Promote. Protect.

Knox County Health Department

**Knox County Health Department Emergency Response
Volunteer Skills Assessment Form
GENERAL INFORMATION**

Current Date _____ Date of Birth _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Business Phone _____ Fax _____

Email _____

Employment Status _____ If other, please explain: _____

Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Occupation _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____ Home Phone _____ Cell Phone _____

Email _____

Education

(Students indicate school currently attending)

Institution Name _____

City _____ State _____

Dates Attended/Anticipated Graduation Date _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Are you licensed to operate a motor vehicle in the State of Illinois? _____ CDL? _____

(Answering **YES** to the following 4 questions does not necessarily disqualify an applicant from volunteering).

Has your license to operate a motor vehicle ever been revoked? If yes, please explain: _____

Have you ever been bonded? If yes, please explain: _____

Has your bonding ever been revoked? If yes, please explain: _____

Have you been convicted of a felony or misdemeanor within the past 24 months that resulted in imprisonment?

If yes, please explain: _____



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EXPERIENCE page 2**

Name _____

Previous Volunteer Experience

Organization _____

Position/Responsibilities _____

Dates _____

Organization _____

Position/Responsibilities _____

Dates _____

Organization _____

Position/Responsibilities _____

Dates _____

Current Professional License(s)

Type _____ Expires _____

Licensure Number _____ State _____

Type _____ Expires _____

Licensure Number _____ State _____

Additional Education or Training Courses

1. Training or Course: _____ Provider Name: _____

On-line Course: ___ Webinar attended: ___ On-Site Location: ___ City: _____ State: ___

Date(s) taken or attended: _____ Certification or CEU's issued: Y or N (If yes, provide copy please)

2. Training or Course: _____ Provider Name: _____

On-line Course: ___ Webinar attended: ___ On-Site Location: ___ City: _____ State: ___

Date(s) taken or attended: _____ Certification or CEU's issued: Y or N (If yes, provide copy please)

3. Training or Course: _____ Provider Name: _____

On-line Course: ___ Webinar attended: ___ On-Site Location: ___ City: _____ State: ___

Date(s) taken or attended: _____ Certification or CEU's issued: Y or N (If yes, provide copy please)

4. Training or Course: _____ Provider Name: _____

On-line Course: ___ Webinar attended: ___ On-Site Location: ___ City: _____ State: ___

Date(s) taken or attended: _____ Certification or CEU's issued: Y or N (If yes, provide copy please)

5. Training or Course: _____ Provider Name: _____

On-line Course: ___ Webinar attended: ___ On-Site Location: ___ City: _____ State: ___

Date(s) taken or attended: _____ Certification or CEU's issued: Y or N (If yes, provide copy please)

If you require additional room for entering education or skills, please attach a separate sheet listing them.



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EXPERIENCE page 3**

Additional Information

List Languages Spoken /Written/able to read fluently (including sign): _____

Please list any other skills (including computer work with Microsoft Office, such as Excel, Word, PowerPoint, Outlook) or setting up/navigating sites such as: Survey Monkey, Facebook, Snapchat, Twitter, Linked-In:

Do you have any health issues or other limitations to standing for/walking for long periods of time that you would need KCHD/KCMRC to make accommodations for you in order to perform your tasks while volunteering? No Yes
If yes, PLEASE list any specific accommodations you might require to perform your tasks when volunteering:

Are you certified to provide first aid? No Yes If yes, please provide copy of current card

If No , would you be willing to learn First Aid if provided to you free of charge? _____

Are you certified to provide CPR? (Compressions only; Basic CPR with or without AED; BLS for HCP with AED) No Yes
If yes, please provide copy of current card.

If No , would you be willing to learn CPR if provided to you free of charge? _____

Are you licensed to operate a fork lift? No Yes, expiration date? _____

VOLUNTEER OPPORTUNITIES

Please circle all that interest you

- | | | | |
|-------------------|------------------|--------------------|-------------------|
| Disaster Response | Clerical Support | Disaster Education | Interpreter |
| Medical Support | Runner/Guide | Interpreter | Volunteer Manager |

Availability: (Please check all that apply)

- | | | | | |
|---------------------|---------------------|-----------|----------|----------|
| Short Term 1-3 Days | Long Term 4-7+ Days | Week Days | Evenings | Weekends |
|---------------------|---------------------|-----------|----------|----------|

How active do you want to be?

- | | | |
|-----------------|--------|-------------|
| Not Very Active | Active | Very Active |
|-----------------|--------|-------------|

Why do you wish to volunteer for the Knox County Health Department? _____

I do hereby give the Knox County Health Department permission to inquire into my driving record, employment, and/or volunteer history. I further give permission to the holder of any such records to release the same to the Knox County Health Department. I do hereby hold harmless the Knox County Health Department from any liability that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above named Knox County Health Department. I understand that the Knox County Health Department will use this information as part of its verification of my volunteer registration.

Signature _____