

# Village of South Barrington

30 South Barrington Road  
 South Barrington, IL 60010  
 Ph 847-381-7510 / Fx 847-381-0024

**MEDICAL PERSONNEL**

Complete this page  
and next

## **COMMUNITY EMERGENCY VOLUNTEER MEDICAL – HEALTH CARE PROFESSIONALS**

Date:		<u>CHECK ONE:</u>		<input type="checkbox"/> INITIAL APP	<input type="checkbox"/> RENEWAL
<b><u>PERSONAL INFORMATION:</u></b>					
Name:		Home phone:			
Home Address:		Cell phone:			
		Email 1:			
		Email 2:			
Drivers License:					
<b><u>SIGNATURE:</u></b>					
Occupation:					
Employer:		Office phone:			
Office Address:					
Languages:					
<b><u>AVAILABILITY:</u></b>		<input type="checkbox"/> Year round or which months:			
		Days:		Hours:	
		<input type="checkbox"/> Monday			
		<input type="checkbox"/> Tuesday			
		<input type="checkbox"/> Wednesday			
		<input type="checkbox"/> Thursday			
		<input type="checkbox"/> Friday			
		<input type="checkbox"/> Saturday			
<input type="checkbox"/> Sunday					
<b><u>LICENSE INFORMATION:</u></b>				<input type="checkbox"/> Copy of license is attached	
Name as it appears on medical license:					
License Number:		State Issued:		Expiration:	
Date of Birth:		Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female			
<b><u>CREDENTIALS:</u></b>					
Physician:		<input type="checkbox"/> MD		<input type="checkbox"/> Specialty:	
Nurses:		<input type="checkbox"/> RN		<input type="checkbox"/> LPN	
				<input type="checkbox"/> Specialty	

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MEDICAL – HEALTH CARE PROFESSIONALS**

Related:	<input type="checkbox"/> Physician Assist	<input type="checkbox"/> Specialty
	<input type="checkbox"/> Certified Nurse Assistant	<input type="checkbox"/> Specialty
	<input type="checkbox"/> Technician	<input type="checkbox"/> Specialty
	<input type="checkbox"/> Pharmacy Tech	<input type="checkbox"/> Specialty
	<input type="checkbox"/> Other	<input type="checkbox"/> Specialty
<b><u>ADDITIONAL CREDENTIALS / TRAINING / INFORMATION:</u></b>		

Applicants may be notified by my office after submittal of this form for additional information and to determine participation in emergency management training. Thank you for your interest in the program. *Village President Frank J. Munao, Jr.*