

APPLICATION ILLINOIS NURSE VOLUNTEER EMERGENCY NEEDS TEAM (INVENT)

☐ Registered Nurse (RN)
☐ Advanced Practice Nurse (APN)
☐ Licensed Practical Nurse (LPN)

☐ Check if you are interested in working with pediatric patients

Date of Application	Date: / /		
Personal Information			
Name (Last, First, MI):		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Mailing Address:			
City:	County:	State:	Zip code:
Home Phone:		Business Phone:	
Fax:		Pager / Cellular Phone:	
E-mail Address:			
Preferred Method of Contact			
Home Phone <input type="checkbox"/>	Business Phone <input type="checkbox"/>	Pager <input type="checkbox"/>	Cell Phone <input type="checkbox"/> E-mail <input type="checkbox"/>
Current Employment			
Employer:			
Mailing Address:			
City:	State:		Zip Code:
Position/Title:			
Participation in INVENT			
Why are you interested in participating as an INVENT nurse?			
Professional Licensure/Certification			
Please list current professional licenses/certifications (RN, APN, LPN)			
<i>Please submit copies of all licenses/certifications with your completed application</i>			
Licensure/Certification	License/Certificate Number	Expiration Date	

Specify the state of your license: _____			Active ____	Inactive ____
Credentials Please list any professional credentials (BLS, ACLS, TNS, etc.) Please submit copies of all credential certificates with your completed application				
Credential	Date Earned	Expiration Date		
Computing Skills Please check current competencies:				
_____ None		_____ Basic Word Processing		
_____ Data Entry		_____ Database Searching		
_____ Other, please specify: _____				
Previous Emergency Medical Experience Please check all applicable previous emergency medical experience:				
_____ None		_____ Hospital Emergency Department		
_____ Local Emergency Medical Services		_____ American Red Cross		
_____ Other, please specify: _____				
Type of Team for Which You Would Volunteer				
Emergency Nursing _____ Non-E.D. _____				
Nursing Experience Please list your areas of nursing expertise:				
Special Skills Please list any special skills:				
_____ Foreign language fluency. Please specify: _____				
_____ Other. Please list: _____				
Travel/Hour Commitment Please indicate the duration and distance to which you could commit if activated				
_____ 25 miles of home _____ 25 – 50 miles _____ 50 – 100 miles _____ Distance is not an issue _____ Other: _____				
_____ 8 hours _____ 16 hours _____ 24 hours _____ 48 hours _____ Prefer continuous duty _____ Prefer duty on separate days				

Physical Fitness

INVENT membership may require the ability to meet a **moderate physical fitness requirement** defined as *occasional fieldwork performed by individuals with average endurance and physical conditioning. Disasters occasionally demand moderately strenuous activity over long periods of time. Activities include standing for long periods, walking, stooping, and moderate lifting. Long hours of work may be necessary.*

Can you meet the moderate physical fitness requirement?

Yes _____ No _____

Briefly Describe How You Heard About INVENT**Emergency Contacts****#1 Name:**

Relationship:

Home Phone:

Work Phone:

#2 Name:

Relationship:

Home Phone:

Work Phone:

References Please provide name and contact information for three (3) references:**#1 Name:**

Relationship:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Business Phone:

#2 Name:

Relationship:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Business Phone:

#3 Name:

Relationship:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Business Phone:

Public Health Access

We do not sell our participant lists to third parties. However, your local health department may wish to contact you concerning your desire to participate in a local response team.

May we share your contact information with your local health department? _____ Yes _____ No

Please mail completed form to:

Cyd Gajewski, RN

**Illinois Dept of Public Health
100 W. Randolph st., Suite 6-600
Chicago, IL 60601**

5/4/04