

West Suburban Medical Reserve Corps



The West Suburban Medical Reserve Corps (MRC) is a volunteer emergency management team that serves the Western Springs, LaGrange, Hinsdale and Clarendon Hills communities. These communities' emergency management agencies sponsor the MRC as part of a federal program to increase community resiliency. The MRC supports medical operations during significant public health emergencies and assists in a multitude of emergency management functions.

September is National Preparedness Month, and the MRC will host a seminar [at 7 p.m. on Thursday, September 22](#), to share information with MRC member families and the community at large about how to prepare for emergencies like natural and man-made disasters.

MRC member Dr. Greg Ozark will deliver the seminar. Dr. Ozark, a Western Springs resident, is a professor of internal medicine and pediatrics at Loyola University.

The seminar will be held in the All Purpose Room in the basement of the Western Springs Village Hall, located at 740 Hillgrove Ave. For more information, please contact Tim Conley the Western Springs Fire Department at (708) 246-1800 ext. 178



West Suburban Medical Reserve Corps/Emergency Management Volunteers Application Form

Last Name _____ * Full/Legal First Name _____
Middle Initial _____
Title _____ (Ms/Mrs/Mr/Dr/etc)
Home Address _____ *City _____
Zip Code _____
E-Mail _____
Home Phone _____ Work _____
Cell Phone _____
Social Security Number _____ *Driver's Lic. Number _____
Date of Birth (Month/Day/Year) ___/___/___
Emergency Contact: Name _____
Phone Number: _____
Relationship to you: _____

Medical History

Please list any medical condition you now have or have ever had any physical restriction, disease, or condition that may limit your participation.
Please list

Please explain any conditions that may limit your participation

Medical Profession (if applicable)

Profession _____ Are you actively practicing? _____
(e.g. MD, RN, LPN, CNA, DDS, Pharmacist, EMT, Paramedic)
License or Certification Number _____ State _____ Exp. Date _____

Employment

Which setting best describes your current or most recent work experience?
___ Command ___ Hospital ___ Logistics/IT ___ Public Health ___ EMS ___ Retired
___ Private Practice ___ Other (describe) _____

I authorize the Western Springs Department of Fire/EMS Services and Emergency Management to obtain information including but not limited to my employment history, criminal record, arrest(s), and convictions by use of the Emergency Services Advanced Registration-Volunteer Health Care Provider system.

Signature _____ Date _____

“Western Springs Emergency Management’s mission is to support our citizens and our responders to ensure that we work together to build, sustain, and improve our capacity to prepare for, respond to, recover from, and mitigate hazards to our citizens.”

WESTERN SPRINGS FIRE/EMS SERVICES AND EMERGENCY MANAGMENT
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