



Application

- Registered Nurse (RN)
 Advanced Practice Nurse (APN)
 Licensed Practical Nurse (LPN)
 Allied Health Professional

Currently work with pediatric patients

<u>Date of Application</u>		Date: / /	
<u>Personal Information</u>			
Name (Last, First, MI):		Sex (please circle one): MALE FEMALE	
Mailing Address:			
City:	County:	State:	Zip code:
Home Phone:		Business Phone:	
Fax:		Pager / Cellular Phone:	
E-mail Address:			
<u>Preferred Method of Contact:</u> Please rate 1 through 5 (1 being the priority)			
<input type="checkbox"/> Home Phone <input type="checkbox"/> Business Phone <input type="checkbox"/> Pager <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-mail			
<u>Current Employment</u>			
Employer:			
Mailing Address:			
City:		State:	Zip Code:
Position/Title:			
<u>Are you on any other Emergency Response Team?</u>			
<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:			
<u>Professional Licensure/Certification</u> - Please fax with completed application			
<u>Credentials</u> - Professional credentials (BLS, ACLS, TNS, etc.). Please submit copies of all credential and certificates with your completed application.			

Emergency Contacts		
#1 Name:	Relationship:	
Home Phone:	Business Phone:	
Pager / Cellular Phone:		
#2 Name:	Relationship:	
Home Phone:	Business Phone:	
Pager / Cellular Phone:		
References Please provide name and contact information for two (2) 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:	

Please Mail or Fax completed application to:

INVENT
1S280 Summit Ave, Court B-2
Oakbrook Terrace, IL 60181
Phone 630- 495- 6400
Fax 630- 495- 0227

info@inventrn.org

INVENT Website

INVENTRN.org (with online application)





Assessment Survey

INVENT is designed to respond to different aspects of nursing needs – field nursing, phone management, vaccinations, and helping to relieve staff in the recovery phase after a disaster. It is important to take this into consideration when answering the following questions.

1. Are you part of any other emergency response team(s)?

Yes _____ No _____

Please specify: _____

2. Nursing Background: Please give a brief overview of your current and/or previous experience.

3. Foreign Language(s) Fluency: Please list any language other than English in which you are proficient.

4. Assessment Survey: INVENT is designed to respond to different aspects of nursing needs –field nursing, phone management, vaccinations, and helping to relieve staff in the recovery phase after a disaster. It is important to take this into consideration when answering the following questions.

Are you currently working in a clinical setting?

Yes _____ No _____

Would you be willing to participate in the field at an alternate care site?

Yes _____ No _____

Assessment Survey – continued

Would you be willing to field phone calls for the Illinois Disaster Hotline?

Yes _____ No _____

Would you be willing to give vaccinations?

Yes _____ No _____

5. Nursing Skills Checklist: Please indicate which of the following you have experience with and/or feel comfortable performing. (need check boxes with options)

General

- Triage Skills
- Decontamination Training

Trauma

- Central line
- N/G O/G placements
- Chest tube assist
- TNS or TNCC
- Arterial monitoring

Medical

- IV
- CPR
- Lab draws
- G-tube/J-tube feedings
- Foley placement
- Dialysis
- Isolation
- Morgan lens irrigation
- Burn care - please explain:

Cardiac

- EKG and monitor interpretation
- Cardioversion
- MI management
- ACLS
- Code management

Assessment Survey – continued

Pediatric

- IV
- Medications
- Code management
- PALS or ENPC
- Neonatal care
- Intensive care

Respiratory

- Manage ventilators
- Neb treatments
- Trach care
- N-95 fitting
- O2 therapy
- ABG

Obstetric

- Fetal monitoring
- Birthing
- Postpartum care

Orthopedic

- Splinting
- Spinal immobilization
- Hare traction

End-of-Life Care

- Pain management
- Grief counseling
- Supportive measures

Please provide any explanation or comments related to your training, capabilities, and experience.



CODE OF CONDUCT

When called into service Nurses of the Illinois Nurse Team (INVENT) will conduct themselves in a professional manner befitting their profession and as representatives of the State of Illinois. The nurse practices with compassion and respect for the inherent dignity of patients, their families, and community.

- The nurse promotes, advocates and strives to protect the health, safety and rights of patients.
 - The nurse is responsible and accountable for individual nursing practice. The nurse will maintain a valid Illinois Registered Nurse license.
 - The nurse owes the same duty to self as others, including the right to preserve integrity and personal safety.
1. Adherence to the chain of command is expected. Criticisms, complaints, concerns, and grievances shall be channeled up the chain of command. Safety issues must be immediately reported to the appropriate authority.
 2. Unprofessional conduct such as disrespect towards those in your care or those working with you, shall be considered gross misconduct.
 3. Failure to report for duty at the time and site you agreed to without legitimate excuse is considered misconduct.
 4. Sexual harassment will not be tolerated.
 5. Any unauthorized discussion with the media is prohibited.
 6. Any article written by a team leader or team member for publication, or any personal news release regarding an official deployment or the activities of the team must be approved by the INVENT Advisory Council.
 7. Any audiovisual record of actual scene activity will only be used for QI purposes by INVENT Advisory Council. Unauthorized audiovisual records will be considered grounds for immediate/permanent removal from the team.
 8. Entering into unauthorized contracts for goods or services in the name of the team is strictly prohibited.
 9. Acceptance of any bribe of money, goods, or services in exchange for information is prohibited.
 10. Gambling or any gaming for money between team leaders or team members is not allowed during disaster activation or at any assigned site.

Code of Conduct - continued

11. The use of any illegal drug or abuse of any prescription medication at any time while on activation is strictly prohibited. This violation is considered gross misconduct and grounds for permanent removal from the team.
12. Consumption of alcoholic beverages while on duty is prohibited. Driving or operation of government equipment or equipment issued to the government while under the influence of alcohol is prohibited and shall be regulated by local laws.
13. Adherence to local government laws and ordinances is expected. Being activated does not allow team personnel to ignore local laws. In the event a team member is incarcerated, s(he) shall be responsible for his or her own actions and may face prosecution according to local laws.
14. Hazing, pinning, initiation, public or private intimidation or humiliation, ceremonies or ritual events against directed against any team member is strictly prohibited.

I have read and understand the above code of conduct. I agree to adhere to all items contained therein. Please sign and return to the INVENT office.

Print Name/Signature/ Date
INVENT Member