

DATE RECEIVED: \_\_\_\_\_ REGION \_\_\_\_\_

ILLINOIS EMERGENCY MANAGEMENT AGENCY

**VOLUNTEER WORKERS' COMPENSATION COVERAGE REQUEST**

IEMA is requesting disclosure of information that is necessary to determine eligibility for workers' compensation coverage by the State in accordance with 20 ILCS 3305/10(k) and 29 Ill. Adm. Code 301.620. To be eligible for State coverage, disclosure of information on this form is REQUIRED and failure to provide any information may result in volunteers being ineligible for State coverage. Submission of this form does not guarantee coverage.

DATE: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Accredited County or Municipality: \_\_\_\_\_

Address: \_\_\_\_\_

Participation in (please check one):

\_\_\_\_\_ Disaster Response (Form must be received by IEMA within 10 calendar days after response)

Date(s) of response \_\_\_\_\_

Type of response \_\_\_\_\_

Location \_\_\_\_\_

\_\_\_\_\_ Disaster Exercise (Form must be received by IEMA at least 5 days, but no more than 30 days in advance)

Date(s) of exercise \_\_\_\_\_

Location \_\_\_\_\_

Date approval was received from IEMA for exercise \_\_\_\_\_

\_\_\_\_\_ Training related to EOP (Form must be received by IEMA at least 5 days, but no more than 30 days in advance)

Date(s) of training \_\_\_\_\_

Location \_\_\_\_\_

Date approval was received from IEMA for training \_\_\_\_\_

