

2016

Volunteer Management System FORMS

Western Region Homeland Security Advisory
Council and
Western Massachusetts Medical Reserve Corps

The Spontaneous Volunteer Management Plan provides guidance for safe, efficient and scalable volunteer management. The Plan includes integration with incident management systems; communication with community members and voluntary organizations; volunteer reception, screening, training, matching, deployment and retention.



VOLUNTEER MANAGEMENT SYSTEM
ICS 211 – Personnel Sign-In Sheet

1. Incident Name:			Send to: Data Management/Finance at end of each Operational Period/Shift							
2. Date:		3. Time:		Purpose: Records responder work time for reimbursement and security/safety						
4. Operational Period:			When to fill out: Worker is relieved or takes a break of 30 min or more							
5. Station:			6. Completed by:				7. Position:			
Name	Contact Numbers	Position	In	Out	In	Out	In	Out	In	Out
		<input type="checkbox"/> ID <input type="checkbox"/> SUV <input type="checkbox"/> Affiliated <input type="checkbox"/> Staff								
		<input type="checkbox"/> ID <input type="checkbox"/> SUV <input type="checkbox"/> Affiliated <input type="checkbox"/> Staff								
		<input type="checkbox"/> ID <input type="checkbox"/> SUV <input type="checkbox"/> Affiliated <input type="checkbox"/> Staff								
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		<input type="checkbox"/> ID <input type="checkbox"/> SUV <input type="checkbox"/> Affiliated <input type="checkbox"/> Staff								

VOLUNTEER MANAGEMENT SYSTEM
Volunteer Registration Form

Date/Time:		VRC Interviewer:	
Did someone ask you to report for duty, or are you reporting on your own accord? <input type="checkbox"/> I was asked <input type="checkbox"/> My own choice			
CONTACT INFORMATION: IF YOU ARE A MEDICAL PROFESSIONAL, COMPLETE MEDICAL PROF. REG. FORM			
Name:		Day Phone:	
Home Address:		Evening Phone:	
Last 6 digits of SSN:		Gender: M F	Cell Phone:
Date of Birth:	Drivers Lic. #:		Employer:
Emergency Contact (Relationship):			Alternate Emergency Contact:
Emergency Contact Phone:			Alternate Phone:
Medical Provider Information:			
Do you have any health Issues <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Special accommodations:			
Occupation/Professional Specialty/Licenses:			
List any agency affiliation or disaster relief experience along with any disaster training taken:			
Availability: M T W Th F S Sun		Hours:	Months: J F M A M Jun Jul A S O N D
SKILLS AND EXPERIENCE			
Medical		Services	Transportation
Complete Medical Registration Form		Food (serve safe)	Car
Communications		Elderly/Disabled Assistant.	Station Wagon/Mini-Van
CB or Ham Operator		Licensed Day Care	Maxi-van, capacity:
Own Equip? <input type="checkbox"/> Yes <input type="checkbox"/> No		Search and Rescue	ATV
Hotline Operator <input type="checkbox"/> Yes <input type="checkbox"/>		Auto Repair/towing	Own off-road veh./4wd
Own a cell phone		Traffic Control	Own truck: desc.:
#:		Crime Watch	Own boat: capacity:
Public Relations		Animal Rescue	Commercial driver:
Language other than English		Animal Care	Class and Lic #:
French		Runner	Camper/RV, cap:
German		HR/Management	Type:
ASL		Social Service/Com Org	Snowmobile:
Spanish		Clergy	Tractor trailer
Arabic		Environmental	Labor
Other:		Water	Loading/shipping
		Toxic Waste	Sorting/Packing
Office Support		Waste Reduction	Clean-up
Clerical: Filing, copying		Wildlife/Land Management	Operate equipment
Data Entry Software		Other Env:	Types:
Phone Receptionist		Structural	Supervisory Experience
Office Manager		Damage assessment	Equipment
		Metal construction	Backhoe
Other		Wood construction	Chainsaw
		Block construction	Generator
		Certificate #	Trailer (open/closed)
			Bobcat
			Dump Truck
			Truck & Plow

VOLUNTEER MANAGEMENT SYSTEM

Volunteer Registration Instructions

Thank you for volunteering today. Your safety is our highest priority. Please follow these instructions:

1. Our job is to register you as quickly as possible so that you can begin helping during this emergency.
2. You must visit each of these stations.
3. You must complete all forms and training before being deployed.
4. Please do not have family members call the VRC looking for you. Make other arrangements.
5. Please take all of your personal items with you when you leave.
6. Remember to sign in and out every time.
7. Follow instructions and stay safe.
8. **The Incident Command System is easy: know who you report to and who reports to you.**

<input type="checkbox"/> Registration Area	<input type="checkbox"/> Provide a government issued photo ID <input type="checkbox"/> Complete and sign the registration form <input type="checkbox"/> Complete and sign the liability release form <input type="checkbox"/> Complete and sign the confidentiality agreement <input type="checkbox"/> Complete and sign the code of conduct <input type="checkbox"/> After forms completion, wait for your name to be called by an interviewer
<input type="checkbox"/> Credentialing Area	<input type="checkbox"/> An interviewer will take your registration forms and discuss your skills and interests, as listed on your registration form <input type="checkbox"/> We will begin to check your credentials and identification will be checked <input type="checkbox"/> Information on potential assignments will be discussed <input type="checkbox"/> A Volunteer Assignment Card (VAC) will be issued <input type="checkbox"/> Take the Volunteer Assignment Card to the Training Area
<input type="checkbox"/> Training Area	<input type="checkbox"/> You will receive basic training in personal protection, safety, security, and incident command <input type="checkbox"/> Once complete, proceed to Assignment Station; present your Volunteer Assignment Card <input type="checkbox"/> Your assignment may mean you will need additional training
<input type="checkbox"/> Assignment Area	<input type="checkbox"/> You will be matched with areas/agencies requesting volunteers <input type="checkbox"/> The Assignment Desk will record and initial your Volunteer Assignment Card and try to contact the assignment agency to let them know to expect your arrival <input type="checkbox"/> You will be issued a Volunteer Badge or other appropriate badging and volunteer identifiers <input type="checkbox"/> These identifiers should permit you access to assigned tasks/sites during your work activities on the specific dates written on your VAC/Badge <input type="checkbox"/> You will be directed to exit or proceed to the next station if your job requires additional training; additional training may also occur on the job
<input type="checkbox"/> Support Area	<input type="checkbox"/> You will be given information on transportation options, if needed <input type="checkbox"/> You will be told how to contact the VRC if you have problems or need help <input type="checkbox"/> Any questions or concerns you still have will be answered here
<input type="checkbox"/> Demobilization	<input type="checkbox"/> When leaving your assignment: sign out, return your badge <input type="checkbox"/> Turn in completed Volunteer Assignment Card, signed by your supervisor <input type="checkbox"/> Return any borrowed equipment or Volunteer IDs like vests, hats, shirts, bands, temp. badges <input type="checkbox"/> Ask about future volunteer opportunities or affiliations

VOLUNTEER MANAGEMENT SYSTEM
Volunteer Liability Waiver and Release (Registration Back)

I, for myself and my heirs, executors, administrators, and assignees, hereby release, indemnify, and hold harmless local governments; the Commonwealth of Massachusetts; the Medical Reserve Corps; local board of health and health department; Citizen Corps; the organizers, sponsors, and supervisors of all emergency and disaster preparedness, response, and recovery activities from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence) in connection with any volunteer emergency or disaster effort in which I participate. I likewise hold harmless from liability any person or agency transporting me to or from any emergency or disaster relief activity.

In addition, emergency or disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes.

I will abide by all safety instructions and information provided to me during disaster relief efforts. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the Commonwealth of Massachusetts, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me. I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

VOLUNTEER CONFIDENTIALITY AGREEMENT AND CODE OF CONDUCT

Consistent with applicable state and federal laws, the principles of ethics of both the American Medical and Hospital Associations, and established policies and procedures for individuals who may come in contact with patients, information, and records, whether medical, financial, or any other; whether electronic, written, spoken or signed, I agree to safeguard and protect confidential information.

- ☐ I understand that accessing confidential information or allowing access by unauthorized individuals, whether intentional or not, or any other breach is grounds for immediate and permanent dismissal and will be investigated and possibly reported to applicable local, state, and federal authorities.
- ☐ I acknowledge my legal and ethical obligation to maintain the confidentiality of all information pertaining to the volunteer job position and other volunteers, staff, and clients.
- ☐ I understand that the unauthorized access, use, copy, disclosure, or dissemination of any confidential information or records whether stored in hard copy, film, or electronic form is strictly prohibited.
- ☐ I will contact my supervisor immediately if I think any confidential information may have been compromised.
- ☐ I understand that I am to maintain this confidentiality agreement even after I leave the volunteer position.
- ☐ I agree to abide by the Volunteer Code of Conduct as shown on the back of the Volunteer Instructions.
- ☐ I agree that my personal information may be used to conduct background checks, including CORI/SORI.
- ☐ I certify that all the information I have provided is true to the best of my knowledge.
- ☐ I acknowledge that I have read the foregoing provisions and agree to abide by their terms.

Print Name

Signature

Date

Print Guardian Name

Guardian Signature if Under 18

Date

Print Witness Name

Witness Signature

Date

VOLUNTEER MANAGEMENT SYSTEM

Volunteer Code Of Conduct

I agree to the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I agree to attend the volunteer orientation training, safety training, and/or other required training. |
| <input type="checkbox"/> | I have read, signed, and understand the confidentiality agreement. |
| <input type="checkbox"/> | I will dress in a neat and clean fashion, in a manner appropriate to my assigned duty. |
| <input type="checkbox"/> | I will wear the identification provided to me by the Volunteer Reception Center (VRC) at all times. |
| <input type="checkbox"/> | I will conduct myself in a professional manner. |
| <input type="checkbox"/> | I will respect the rights and dignity of all volunteers and clients. |
| <input type="checkbox"/> | I will promptly address any issues or concerns with my assigned supervisor. |
| <input type="checkbox"/> | I will perform tasks within my scope of knowledge and skill and license/credentials while engaged as a volunteer representing the [Community/Entity]. |
| <input type="checkbox"/> | I know I am not required to participate in any activity or emergency response. |
| <input type="checkbox"/> | I commit to participating in response activities according to my assigned involvement. |
| <input type="checkbox"/> | I must adhere to the Incident Command System (ICS)/National Incident Management System (NIMS). |
| <input type="checkbox"/> | I will not speak to the press/media unless authorized to do so. |
| <input type="checkbox"/> | I will participate in debriefings and provide feedback. |
| <input type="checkbox"/> | I will complete all forms, reports, or other required documentation. |
| <input type="checkbox"/> | I understand that I am subject to disciplinary action or dismissal. |

FEMA ICS Readiness Deployment Check-list

Instructions: **Use this job aid to assess your readiness for participating in the ICS response organization.**

SELF ASSESSMENT

YES NO NOT SURE

- | | | | |
|---|--|--|--|
| Are the people and pets you are responsible for all-set for the duration of your deployment? | | | |
| Do you have your Go-kit stocked? | | | |
| Do you know the procedure for check-in? | | | |
| Do you have a checklist to help ensure that you have all needed information? | | | |
| Do you know what forms you'll be required to complete? Do you have copies of these forms? | | | |
| Have you assembled a travel or Go-kit containing any special technical information (e.g., maps, manuals, contact lists, and reference materials)? | | | |
| Have you prepared personal items needed for your estimated length of stay, including medications, cash, credit cards, etc.? | | | |
| Have you made arrangements to take care of your personal matters? | | | |
| Do you know the demobilization procedures? | | | |

Signature

Date

VOLUNTEER MANAGEMENT SYSTEM
Medical Volunteer Registration Form

CONTACT INFORMATION

Name:		Day Phone	
Home Address:		Evening Phone	
Last 4 digits of SSN:	Gender: M F	Cell Phone	
Date of Birth:	Driver's Lic:	Employer	Position
Emergency Contact (Relationship)		Alternate Emergency Contact:	
Emergency Contact Phone		Alternate Phone	
Medical Provider Information:			
Please explain any limitations that we should consider when assigning you duties:			

Occupation/Professional Specialty/Licenses:

List any agency affiliation or disaster relief experience along with any disaster training taken:

Availability: **M T W Th F S Sun** Hours: Months: **J F M A M Jun Jul A S O N D**

PROFESSION

- | | | |
|--|---|--|
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Certified Nurse Assistant | <input type="checkbox"/> Dentist | <input type="checkbox"/> Lab Technician |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Emergency Medical Tech |
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Mental Health Provider | <input type="checkbox"/> Radiology Technician |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Clergy | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Paramedic | <input type="checkbox"/> Veterinarian Technician |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

CLINICAL SPECIALTY/AREA OF PRACTICE

- | | | |
|---|---|---|
| <input type="checkbox"/> Medical Specialty (e.g. internal medicine) | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Osteopathic Medicine |
| <input type="checkbox"/> Surgical Specialty (e.g. orthopedic) | <input type="checkbox"/> Other (e.g. dermatology) | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Other Date of Birth: | | |

LICENSURE

Licensing Board	State	
Highest level of Licensure/Certification #:	Issue Date:	Exp. Date
Current license granted by (name of institution/board for physicians, physician assistants and nurse practitioners) <div style="border: 1px solid black; height: 15px; width: 250px;"></div>		



The Commonwealth of Massachusetts
Department of Public Health
Office of Preparedness and Emergency Management
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner



CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

MA Responds is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS (Department of Criminal Justice Information Services). I hereby acknowledge and provide permission to MA Responds staff to submit a CORI check with my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing MA Responds staff with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: MA Responds may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, MA Responds staff must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE _____

DATE _____

VOLUNTEER UNIT _____

Once received by MA Responds this Acknowledgement Form will be used to run a CORI and will then be kept secure in a locked file cabinet at the MDPH Office of Preparedness and Emergency Management for a minimum of one year.

MAIL FORM TO:

Massachusetts Department of Public Health
Office of Preparedness and Emergency Management
250 Washington Street, 1ST Floor Boston, MA 02108
ATTN: MA Responds

SUBJECT INFORMATION (PLEASE PRINT): (an asterisk (*) denotes a required field)

***Last Name**

***First Name**

Middle Name

Suffix

Maiden Name (or other name(s) by which you have been known, if applicable)

***Date of Birth**

***Place of Birth**

***Last Six Digits of Your Social Security Number** - (required for CORI)

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:

Street Number & Name

City/Town

State Zip

Zip

Street Number & Name

City/Town

State Zip

Zip

(For requestor's use only)

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee

CORI REQUEST FORM

As a volunteer, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me as a volunteer. The information below is correct to the best of my knowledge.

Signature: _____ Date: _____

APPLICANT INFORMATION (please print)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME or ALIAS DATE OF BIRTH PLACE OF BIRTH
(if applicable)

DRIVER'S LICENSE # _____ SOCIAL SECURITY # ____-____-____
(needed for Federal Deployments)

CURRENT ADDRESS: _____

FORMER ADDRESS _____

SEX _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____

REQUESTED BY _____
(Signature of CORI Authorized Representative)

FOR CHSB USE ONLY

RECORD ATTACHED: _____ NO RECORD: _____

VOLUNTEER MANAGEMENT SYSTEM
Volunteer Badges

<div style="background-color: #4a4a8a; color: white; padding: 5px; text-align: center;">Community Name</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Name: </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;">Is a registered Emergency Worker of:</p> Assignment: </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Authorizing Signature </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Issue Date: Exp. Date Card# </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<div style="background-color: #4a4a8a; color: white; padding: 5px; text-align: center;">Community Name</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Name: </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;">Is a registered Emergency Worker of:</p> Assignment: </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Authorizing Signature </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Issue Date: Exp. Date Card# </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
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VOLUNTEER MANAGEMENT SYSTEM
Volunteer Badges (Back)

<p>If you have a life-threatening emergency: 9-1-1</p> <p>If you have a Volunteer problem or need help, call VMS Volunteer Help Desk:</p> <p>_____</p> <p>Volunteer's Emergency Contact:</p> <p>_____</p> <hr/> <p>Note to Responders: This Volunteer was credentialed/trained/badged at _____</p> <p>by _____ on _____</p>	<p>If you have a life-threatening emergency: 9-1-1</p> <p>If you have a Volunteer problem or need help, call VMS Volunteer Help Desk:</p> <p>_____</p> <p>Volunteer's Emergency Contact:</p> <p>_____</p> <hr/> <p>Note to Responders: This Volunteer was credentialed/trained/badged at _____</p> <p>by _____ on _____</p>
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VOLUNTEER MANAGEMENT SYSTEM

Volunteer Equipment Issue and Return Form

This form documents equipment and supplies issued by the VMS to assigned volunteers.

VOLUNTEER ASSIGNMENT DESK

1. Incident:

2. Date/Time:

3. Volunteer Name:

4. Volunteer ID:

5. Position:

6. List Equipment Issued*

7. Equipment Return Date:

8. Received by:

☐ Unused ☐ Used & Functional ☐ Repairs/Replacement required

☐ Unused ☐ Used & Functional ☐ Repairs/Replacement required

☐ Unused ☐ Used & Functional ☐ Repairs/Replacement required

Notes:

9. List Supplies Issued**

10. Supplies Return Date:

11. Received by:

☐ Unused ☐ Used & Functional ☐ Repairs/Replacement required

☐ Unused ☐ Used & Functional ☐ Repairs/Replacement required

☐ Unused ☐ Used & Functional ☐ Repairs/Replacement required

Notes:

☐ I, [Volunteer Name], certify that I will return all equipment issued to me. I will return unused supplies.

12. Signature of Volunteer:

13. Assignment Supervisor Name:

14. Volunteer Deployment/Out-processing Supervisor Signature:

*equipment includes durable goods

** supplies include mainly single use items or items not expected to be returned

VOLUNTEER MANAGEMENT SYSTEM VOLUNTEER TRACKING LOG

This form is intended to capture all the details required to track VMS volunteers once they have been assigned and are either in staging or placed under ICS supervision. The Volunteer Tracking Supervisor is responsible for the completion of this form. Close coordination with the Assignment Allocation Supervisor is required.

[illegible]

VOLUNTEER MANAGEMENT SYSTEM
Volunteer Demobilization Instructions

Thank you for volunteering today.
We appreciate your willingness to help your neighbors and your community.
Your volunteering made a valuable contribution to the response.

- | | |
|--|--|
| <input type="checkbox"/> Sign Out | <input type="checkbox"/> Sign out with your supervisor and if instructed with the VRC
<input type="checkbox"/> Return your volunteer badge |
| <input type="checkbox"/> Return Equipment | <input type="checkbox"/> Return any equipment issued
<input type="checkbox"/> Return any volunteer identifiers like vests, bands, shirts, hats, etc. |
| <input type="checkbox"/> Complete All Reports and Forms | <input type="checkbox"/> Complete and turn in your Volunteer Assignment Card
<input type="checkbox"/> Complete any incident report forms
<input type="checkbox"/> Make sure that all your volunteer time is properly logged as this helps your community recover the costs of the response |
| <input type="checkbox"/> Leave Contact Information | <input type="checkbox"/> Make sure the VRC has your correct contact information for follow up
<input type="checkbox"/> Please note that an affiliated volunteer organization may contact you about other volunteer opportunities |
| <input type="checkbox"/> Report Any Adverse Effects | <input type="checkbox"/> Any questions or concerns you still have
<input type="checkbox"/> Seek behavioral health support for post incident stress related issues. |
| <input type="checkbox"/> Demobilize | <input type="checkbox"/> Ask about future volunteer opportunities or available volunteer affiliations
<input type="checkbox"/> Exit as soon as you sign out. This is maintains order and helps ensure safety. |

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