Summit County
Volunteer Reception Center
(VRC)

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# GLOSSARY OF ACRONYMS

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<th>Acronym</th>
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<tr>
<td>AAR</td>
<td>After Action Report</td>
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<td>CA</td>
<td>Coordinating Agency</td>
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<tr>
<td>CCC</td>
<td>Citizen Corps Council</td>
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<td>CCV</td>
<td>Citizen Corps Volunteer</td>
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<td>CERT</td>
<td>Community Emergency Response Team</td>
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<td>SCEMA</td>
<td>Summit County Emergency Management Agency</td>
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<td>EOC</td>
<td>Emergency Operations Center</td>
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<td>EOP</td>
<td>Emergency Operations Plan</td>
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<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<td>ICS</td>
<td>Incident Command System</td>
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<td>JIC</td>
<td>Joint Information Center</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MRC</td>
<td>Medical Reserve Corps</td>
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<td>NIMS</td>
<td>National Incident Management System</td>
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<td>NWP</td>
<td>Neighborhood Watch Program</td>
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<td>OCSC</td>
<td>Ohio Community Service Council</td>
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<td>OEMA</td>
<td>Ohio Emergency Management Agency</td>
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<td>Ohio VOAD</td>
<td>Ohio Voluntary Organizations Active in Disasters</td>
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<td>OMRC</td>
<td>Ohio Medical Reserve Corps</td>
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<td>PIO</td>
<td>Public Information Officer</td>
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<td>RSVP</td>
<td>Retired and Senior Volunteer Program</td>
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<td>SCGHD</td>
<td>Summit County General Health District</td>
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<td>SCPH</td>
<td>Summit County Public Health</td>
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<td>SUV</td>
<td>Spontaneous, Unaffiliated Volunteers</td>
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<td>VIPS</td>
<td>Volunteers in Police Service</td>
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<td>VRC</td>
<td>Volunteer Reception Center</td>
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Summit County Volunteer Reception Center (VRC) Handbook

Summit County VRC Program Mission: To strengthen the volunteer management process for emergency preparedness in Summit County and to establish a trained group of individuals to process volunteers, both affiliated and unaffiliated, for proper deployment to the site of the emergency/disaster.

Rationale
It is well known that during an emergency volunteers desire to help with response. As a result of the September 11th attacks, a Presidential Directive was established. It was decided that there needed to be a systematic way to use volunteers, medical and otherwise. The VRC process provides a way to process volunteers in a systematic way that will benefit both the volunteers as well as the emergency response efforts.

Background
Emergency managers, first responders and leaders of voluntary organizations know that when a major event occurs, volunteers will come. When this happens with little planning, results have often been described as a “disaster within a disaster.” It is important to manage volunteers in a systematic way. The safety of victims, as well as the volunteers, is taken into account. There are several reasons for incorporating a VRC process into an Emergency Operations Plan, (EOP) as has been done with the Donations and Volunteer Management Support Annex to the Summit County EOP.

• A VRC provides a specific location, staffed by skilled volunteer managers capable of screening, interviewing and referring citizens in a professional manner.
• Though many are first time disaster volunteers, they bring with them a wide range of skills and professional training, which is often in short supply after a catastrophic event.
• The VRC encourages collaborative planning and implementation on a county and/or regional basis to meet first responder’s needs, contributing to a positive perception of cooperation on mutual concerns.
**VRC Management**
The VRC will be managed by a management team of three individuals: the VRC Coordinator, a Retired Seniors Volunteer Program (RSVP) Senior Corps representative and Summit County Citizen Corps (CC) representative. These three individuals will manage the VRC.

The VRC Coordinator will oversee the VRC. The RSVP and Summit County CC representatives will oversee the volunteers from their respective organizations.

**VRC Coordinator**
- The VRC Coordinator, with direction from the Summit County Emergency Management Agency (EMA), will represent the VRC operations and facilitate the integration of the system to be utilized for all volunteer activities for disaster response/training/exercises throughout the county.
- The VRC Coordinator will gather the supplies needed to operate a VRC as well as establish a list of agreed upon locations suitable for housing the VRC and may establish a Memorandum of Agreement (MOA) with these facilities.
- The VRC Coordinator will also work with Summit County EMA to establish means of transportation for the volunteers from the VRC to the worksites.

**VRC Staff Role in Incident Command**
- The VRC Coordinator will work under the Operations Branch in the Incident Command Structure (ICS).
- Public Information Officer (PIO) in the VRC: a liaison for the Joint Information Center (JIC) at VRC sites where the media has gathered to cover an event or story.

**Mutual Support**
The volunteers that are processed through the VRC will serve as support to the local first responders as well as Summit County EMA, and any city/township/village, county, state or federal government agencies. The volunteers will not supplant staff of the above mentioned; they will support and assist them as requested through the ICS system.

**Staffing the VRC**
The VRC may be staffed by Citizen Corps volunteers who have been trained in the VRC process or the VRC may be staffed by trained volunteers from the RSVP program in Summit County. There will be a core group of individuals who have been trained on the VRC process to help supervise and establish the VRC. There may also be a pool of volunteers that receive just in time training in VRC operations as the situation warrants.

**VRC Training**
A core group of VRC volunteers will complete a VRC training process. These individuals will be proficient in the establishment and operation of the VRC. The Summit County CC Coordinator will be responsible for the development and training of the VRC staff. Core VRC volunteers will be trained according to defined job aides for various responsibilities within the VRC. CC volunteers who have not been through the VRC training will be provided with Just In Time (JIT) training to perform the specific job functions of the VRC.
Volunteers that will be processed Through a VRC

The operation of the VRC will focus on processing the following categories of volunteers; Registered Citizen Corps, Community Emergency Response Team (CERT), Ohio Medical Reserve Corps (OMRC) volunteers, spontaneous unaffiliated volunteers (SUV) and prospective Citizen Corps, CERT and Medical Reserve Corps volunteers.

Registered Citizen Corps Volunteers (CCV)

Citizens may choose to volunteer in emergencies and disasters through recruitment and marketing campaigns. In Ohio, prospective Citizen Corps volunteers register at www.ohioresponds.gov, the primary web site of the statewide Citizen Corps database.

Ohio/Summit County Medical Reserve Corps Volunteers (MRC)

Professional medical personnel, recruited to become members of the OMRC, must participate in specialized disaster response training. They are a significant resource responding to public health and safety crises, whether natural or manmade. The OMRC, in partnership with local public health entities, is open to professional licensed medical personnel in the fields of medicine, nursing, dentistry, pharmacy, social work, mental health, veterinary medicine, and their allied disciplines as well as non-medical volunteers. Upon completion of authorized disaster training, OMRC members are credentialled as critical responders, and registered in the Ohio Responds volunteer registry.

Community Emergency Response Team Volunteers (CERT)

CERT volunteers are about preparedness and readiness, people helping people, rescuer safety, and doing the greatest good for the greatest number. CERT is a positive and realistic approach to emergency and disaster situations where citizens will be initially on their own and their actions can make a difference. CERT volunteers in Summit County have completed 16 hours of instruction in the areas listed above. The CERT volunteers are also registered in the Ohio Responds database and are eligible for the liability coverage under Ohio Revised Code (ORC) 121.404 with 4 hours of training completed in the last 3 years. Registered CERT volunteers will be processed through the VRC as affiliated volunteers.

Non-registered Medical volunteers

Unaffiliated professional medical personnel may respond to a call for volunteers and have no previous registration information. In the VRC there will be a separate place for SUV’s to check in. The SUV will need to complete the Summit County Citizen Corps registration form as well as the Agreement to provide Volunteer Services, Confidentiality Form and the Release of Coverage Form. They would also need to show VRC staff their valid Driver’s License/ State ID and they will be credentialled through the State Licensure Board Registry. If the credentials can not be verified the person may still volunteer as an MRC volunteer but they will not be able to volunteer in a medical capacity. The licensed medial volunteer would be covered under 121.404 once they register in the State database.

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because of the continuing education need to keep up their licensure the 4 hour training requirement would be fulfilled. The volunteer would then fall into the process with the registered MRC volunteers; Orientation, Registration, Interview, Assignment, Risk management, Safety Education, and Support Services.

**Spontaneous, Unaffiliated Volunteers (SUV)**

Spontaneous, unaffiliated volunteers are not associated with any recognized disaster response agency. These volunteers may lack specific disaster training such as that offered by Ohio Community Service Council (OCSC) the American Red Cross or other voluntary agencies active in disaster efforts. However, they may have other training, skills and experience and appear at a disaster site to offer help. Through the statewide volunteer database process at the VRC, these unaffiliated volunteers become registered volunteers. They receive approved Just in Time (JIT) training and perform needed services. They move from an unaffiliated volunteer status to the registered Citizen Corps Volunteer status but are **not eligible** for liability protection as provided by ORC Section 121.404 until they have completed the required four hours of JIT training or real life disaster response experience.³

**Plan for Risk Management**

ORC Section 5502.281 confers upon the OCSC the authority to “advise, assist, consult with, and cooperate with, by contract or otherwise, agencies and political subdivisions of this state in establishing a statewide system of volunteers pursuant to section 5502.281 of the Revised Code.” Two of those agencies are the Ohio Department of Health (ODH) and the Ohio Emergency Management Agency (OMEA)

ORC Section 5502.281 grants registered volunteers’ limited liability protection for any tort or other civil action while providing services within the scope of the volunteer’s official duties during a declared emergency or during approved training and exercises. (Civil action may include medical, dental, chiropractic, optometric, veterinary or other health claims.) Limited liability protection also covers property damage that may arise from an unintentional act or omission of a registered volunteer. Limited liability protection will not extend to the willful, wanton, malicious, or criminal misconduct of any registered volunteer.

Information related to a registered volunteer’s specific responsibilities, assignments, deployment, and readiness status and a registered volunteer’s personal contact information, medical information, and family information is considered a security record and therefore exempt from Ohio’s Public Record’s Act.⁴

There are several laws that offer volunteers protection from liability. First as the Volunteer Protection Act of 1977, (Public Law 105-19, 42 United States Code Section 14501, et seq.)

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Second, there are a variety of Good Samaritan laws in Ohio that provide limited immunity for persons offering emergency medical care at the scene of an accident or emergency. Some provisions apply to specific volunteer groups and may provide additional protection for specific types of volunteers. See ORC Sections 2305.23-2305.23.5.5

**Notification of Volunteers**
Summit County CC volunteers may be called upon in the event of a declared disaster or emergency to help facilitate disaster response. The notification process for the request of volunteers is as follows:

1. Elected Officials, Incident Commander, Summit County EMA, and/or Summit County Public Health (SCPH), may make the determination that volunteers are needed to assist with an emergency or disaster incident.
2. Summit County EMA is notified that volunteer resources are being requested.
3. Summit County EMA notifies the Summit County CC Coordinator or their designee of the need for volunteers by completing the Summit County Request for Volunteers Form (Appendix C) with the required information and forwarding that request to the Summit County CC Coordinator or their designee.
4. Summit County CC Coordinator notifies the Summit County CC database of volunteers of the opportunity to volunteer through the Ohio Responds alert system by phone or e-mail.
5. VRC trained volunteers will be called up first to staff the VRC before other volunteers will be called up.
6. Volunteers will be informed to report to a VRC site to be credentialed, background checked, screened and assigned.
7. Once the VRC is established and ready for volunteers, the alert to request response volunteers will be disseminated with the type of request and the time and place to report.

**Background Checks**

**Rational**
Volunteers who have any criminal record other than a minor misdemeanor are not permitted to volunteer under the auspices of the Summit County CC. Individuals whose name is contained on compulsory registration lists may also not be permitted to volunteer under the auspices of the Summit County CERT and/or the Summit County MRC programs.

**Process**
Volunteers who report to the VRC, including CERT, MRC, and SUVs, as part of the registration process, will be required to fill out the Volunteer Background Check form (Appendix A). This form will be submitted to the law enforcement officer that is stationed at the VRC to conduct volunteer background checks prior to deployment. If the volunteer has passed the background check, the officer will check the pass box and sign

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and date the Background Check Form and send it back to the registration staff in the VRC. At that time the volunteer will continue to be processed. If the volunteer has any criminal record other than minor misdemeanors, the officer will check the box on the form indicating “fail”. The volunteer will then be told they are no longer eligible to volunteer for the Summit County CC programs. Any outstanding warrants may be cause for arrest at the officer(s) discretion.

Background check refusals render the volunteer ineligible. Refusal to submit to the background check does not preclude the volunteer from future volunteer background checks.

Any volunteer who fails the background check will be removed from the volunteer registry (ohioresponds.gov) by the VRC Manager. These individuals will no longer be affiliated with the Summit County CC programs and will not be covered by ORC 121.044.

**Responsible Parties**

Participating law enforcement agencies have agreed to send officers/deputies to the VRC site to conduct background checks on individuals who are willing to volunteer. The VRC registration staff will be responsible for having the volunteer complete the form during the registration process. The VRC staff will also make the potential volunteer aware of the background check process. The law enforcement officer(s) will notify the volunteer if they pass or fail the background check. Summit County CC Coordinator will be responsible for removing any volunteers from the state sponsored volunteer registry for Summit County CC volunteers who fail the background check. Law Enforcement will be responsible for ensuring that the volunteer has been removed from the premises.

**Pre-identified VRC Sites in Summit County**

As stated in the Ohio Citizens Corps VRC manual “the VRC schematic is a generic flow chart, not a blueprint. It is intended to demonstrate a reasonable flow of activity in a logical and sequential manner. The VRC may occupy one, two or three rooms; it may have a central area for seating with three divisions; it may have one or more entrances. The design is deliberately flexible to permit the most efficient methods to integrate the registration process for all categories of response volunteers”.

In Summit County there are pre-identified VRC sites. Information regarding these sites is housed in the Summit County EMA and SCPH.

Memorandums of Agreement (MOA) between each pre-identified VRC site and the Summit County CC program are in place and kept on file within SCPH. The site of the VRC will be determined by the Summit County CC Coordinator, in conjunction with the Summit County EMA and elected officials based on the size of the incident as well as the geographic location of the incident. In the event that none of the identified VRC sites are available at the time of an emergency, the Summit County CC Coordinator, in

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conjunction with the Summit County EMA will determine an alternate site in Summit County to establish the VRC. The site will be pre-identified prior to the alert being disseminated to the volunteers. The volunteers will be advised to report to the VRC site for credentialing, ID, site placement, assigned a supervisor in the field and any JIT training they may need prior to the start of their volunteerism.

**Supplies and Equipment for VRC Operations**
VRC supplies will be safely stored and easily accessible. Supplies/equipment include signage, forms (specific to the VRC as well as volunteers), and designated equipment. These items will be stored in a To Go containers within SCPH.

At the VRC training, volunteers will be instructed to prepare a “Go Box” that would have 72 hours of personal supplies, emergency food and water, and safety equipment available to “grab and go” in the event of rapid deployment.

**Identification**
As Summit County CC volunteers are registered at the VRC if they have not had an ID badge made for them one will be made for them on site. Volunteers will either be given an MRC ID or a CERT ID depending on their affiliation and training level. (See Job Aide for ID badging system).

**VOLUNTEER RECEPTION CENTER PROCESS**
The VRC process follows the accepted principles of professional volunteer management that have been advocated by national volunteer organizations. The VRC process is arranged in a sequential manner, designed to handle the general and specific registration needs for each of the categories of response volunteers. These stations can be expanded or condensed based on the size and function of the VRC.

As each disaster situation is different, this manual does not define or pre-determine the minimum number of volunteers to staff a VRC. Certain functions require either more time than others and/or more personnel to accomplish the tasks. Cross-training VRC staff and volunteers will enable the VRC Managers to move their staff to areas that need additional assistance.⁷

**VRC Stations**

*Orientation*
- Provide information on the incident/event underway
- Provide information on the role of response volunteers
- Provide opportunity to answer questions
- The current situation will be displayed on a white board or verbalized by an Orientation Station volunteer so those wishing to volunteer will gain an understanding of the level of response as well as the specific type of response volunteers that are needed.

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Registration

- Ensure that volunteers sign in/sign out on the ICS 211 form (Appendix D)
- Verify registration of each volunteer in the www.ohioresponsds.gov in the state volunteer registry
- Review credentials of each volunteer (paper copy or at https://license.ohio.gov)
- Check Picture ID and age (must be 18 years of age or older)
- Submit volunteer background check form for background check if available (Appendix A)
- Ensure complete registration application from each volunteer
- Ensure completion of confidentiality form (Appendix I), release of coverage form (Appendix H), background check form (Appendix A), Agreement to provide volunteer services (Appendix G) and volunteer registration form (Appendix B) by each volunteer.
- EMA oath administered at this station if appropriate (will be provided by Summit County EMA staff)
- This station is responsible for completing the Incident/Injury Report Form when an incident/injury occurs in the VRC (Appendix O)

Waiting Areas

- Designated areas where volunteers can sit and wait to be processed throughout the VRC
- SUVs and CC volunteers will be separated if space allows

Interview/Assignment

- To determine suitability
- To ascertain skills
- To determine appropriate placement in the field
- To determine any physical limitations
- To match volunteer with appropriate task
- To ensure volunteer reporting schedule
- To assign the volunteer a field supervisor under the ICS
- Complete Volunteer Referral forms (triplicate form) with information regarding the volunteer assignment (Appendices L - N).

Risk Management/Just In Time Training

- To promote security
- To provide job specific trainings before volunteers are deployed
- To ensure safety of personnel & property
- Assure volunteers have the proper clothing and equipment to perform assigned duties

Identification

- Retrieve volunteer triplicate assignment form from volunteer (Appendix L)
- The volunteer at this station will be responsible for circling vest and badge on the bottom of the form and maintaining the forms as permanent records of the VRC
Based on the volunteer assignment form, complete the designated assignment, designated supervisor and designated operational period on the appropriate color wristband and apply to the volunteer’s wrist.

- Give volunteer the appropriate vest, light blue for MRC and green for CC
- Distribute IDs to volunteer
- For those who have not had an ID previously made, utilize the ID system to process an ID.
- This is the final station prior to deployment. Ensure that all questions from the volunteers have been answered before they leave the ID station. If they have unanswered questions please call over a runner to locate and provide the needed answers.

Support Services/Runners
- To effectively & efficiently aid VRC volunteer deployment process
- To supply volunteers and staff with necessities to continue VRC efforts
- To assist VRC staff in any way possible
- To rotate staff position in order to allow for volunteer breaks
- Runners will be called upon in the VRC using flags the volunteers wave if they need the support of a runner

Public Information Officer
- The VRC PIO station will be located by the door. This will provide a mechanism to gather media/press in order to maintain the security of the VRC.
- The PIO is the ONLY VRC staff member cleared to respond to any media inquiries about the VRC operation.
- Tasks: In a declared emergency, all information will be handled through the Summit County Emergency Operations Center (EOC), with the PIO as the official contact for the VRC. All media personnel arriving at the VRC are to be escorted to and accompanied by the PIO at all times. No official communications are issued without express permission from Incident Command.
  - The press will be directed to the PIO station by the greeters once they arrive at the VRC

Demobilization/Debriefing
- Volunteers will report to the VRC after serving in the field after each shift.
- Volunteers will turn in their IDs and vest and wristbands each shift.
- Have volunteers sign out on the 211 forms before they are released to go home.
- Medical and mental health resource referrals will be made available in the VRC.
- Answer volunteer questions regarding their deployment

Updates to Manual
The Summit County VRC Policy and Procedure Manual will be update on a yearly basis by the Summit County CC Coordinator. The manual will be updated based on recommendations from volunteers, Summit County EMA staff, and After Action.
Reports/Improvement Plans (AAR-IPs). The Record of Change Document is attached as Appendix R of this document.
Summit County Emergency Management Agency
Volunteer Background Check Form

Name:_______________________________________________

Address:______________________________________________

City, State, Zip:_________________________________________

Phone:_____________________________________________

Birth Date:____________________________________________

Social Security Number:__________________________________

Have you ever been convicted of a Felony Yes No
Have you ever been convicted of a Misdemeanor Yes No
Are you willing to submit for a background check Yes No

(Individuals who submit to a background check and currently have an active bench warrant may be taken into custody)

Volunteer’s Signature:____________________________________

For Office Use Only

□ Pass

□ Fail

Officer Signature________________________________________

Date______________________________________________

Appendix A
Summit County Disaster Response Volunteer Background Check Policy

Rational
Volunteers who have any criminal record other than a minor misdemeanor are not permitted to volunteer under the auspices of the Summit County CERT or Summit County MRC programs. Individuals whose name is contained on compulsory registration lists may also not be permitted to volunteer under the auspices of the Summit County CERT and/or the Summit County MRC programs.

Process
Any volunteer who reports to the VRC including CERT, MRC, and SUV, as part of the registration process, will be required to fill out the Volunteer Background Check form. This form will be submitted to the law enforcement officer that is stationed at the VRC to conduct volunteer background checks prior to deployment. If the volunteer has passed the background check, the officer will check the pass box (sign and date) on the Background Check Form and send it back to the registration staff in the VRC at that time the volunteer will continue to be processed. If the volunteer has any criminal record other than minor misdemeanors, the officer will check the box on the form indicating “fail”. The volunteer will then be told they are no longer eligible to volunteer for the Summit County CERT or MRC programs. Any outstanding warrants may be cause for arrest.

Background check refusals render the volunteer ineligible. Refusal to submit to the background check does not preclude the volunteer from future volunteer background checks. Any volunteer who fails the background check will be removed from the volunteer registry (ohioresponds.gov) by the VRC Manager. These individuals will no longer be affiliated with the Summit County CERT or MRC programs and will not be covered by ORC 121.044.

Responsible Parties
Participating law enforcement agencies have agreed to send an officer/deputy to the VRC site to conduct background checks on those individuals who are willing to volunteer. The VRC registration staff will be responsible for having the volunteer complete the form during the registration process. The VRC staff will also make the potential volunteer aware of the background check process. The VRC registration staff will notify the volunteer if they pass or fail the background check. The VRC Manager will be responsible for removing any volunteers who fail the background check from the state sponsored volunteer registry for Summit County CERT and MRC volunteers.
VOLUNTEER REGISTRATION

Name_____________________________________________________________ email
                  Last                               First                Middle I

Cell # (      ) ______________  Home # (        ) ______________  Work #__________________
Male (    )  Female (    )

Address _________________________________    ____________________________   ______   ___________________
                  Street                             City                  State       County

Profession _______________________  Specialty ___________________  Ohio License/Certification _________________

Emergency contact ___________________________       ____________________________  (       )_______________
                  Name                                   Relationship          Phone #

Health limitations? No (   )  Yes (   ) If yes, explain________________________________________________________

Disaster training: BDLS   ADLS   NIMS   ICS   ARC   CERT     other (describe)______________________________

SKILLS: To be determined by specific incident

Professional Wallet Card Verified   Y___  N ___
Government Issued ID/Driver’s License Verified   Y___  N ___
Citizen Corps Database Verified   Y___  N ___
Reviewed By __________________  ___/___/___

Appendix C
SUMMIT COUNTY CITIZEN CORPS PROGRAMS REQUEST FOR VOLUNTEERS

MISSION: _______________________________________________

(Complete one form for each task & site requested)

Please circle which group you are requesting:
CERT
MRC

Start Date ____/____/___          End Date  ____/___/____

Requesting Agency__________________________________________

Cell#/
Agency contact _____________________________ Phone #___________ Ext

Report to__________________________________________________

Job Site Address____________________________________________

Directions __________________________________________________

Task Title & Description _______________________________________

Does this position require a Licensed Medical Professional?  Yes___ No ___
If Yes, what License or special credentials are required? __________________________________________________________________

Special skills? ________________________________________________

Duties ______________________________________________________________________
____________________________________________________________________________

Volunteer must be physically able to_________________________________________

Number needed __________

Dates/hours needed _________________________________

Person taking request ________________________________

Date ___/___/__ Time ____

Comments

FOR OFFICE USE ONLY

Request entered in database ___/___/___
Request closed ______/___/___
Completed ____
No placements possible ____
No longer needed ____
Per ____________________________ Date ___/___/___

Appendix D
### INCIDENT CHECK-IN LIST

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<th>Incident Name</th>
<th>Check-In Location</th>
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### CHECK-IN INFORMATION

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PREPARED BY: 

DATE & TIME

PAGE of
VRC Supplies & Equipment

The following items are recommended for the VRC. Quantities listed here are the minimum to establish and operate the VRC initially. Additional materials may be needed as replacements if the VRC will be in operation for more than a day or two. Depending upon the magnitude of the event, the VRC Coordinator may need to arrange for the purchase of additional supplies. Note that this list does NOT include food service for staff and volunteers.8

Office Supplies
- Water-based markers
- Pens (3 boxes of 12)
- Highlighter (3)
- Pencils (3 boxes, sharpened)
- Copy paper (2 reams)
- Flip Chart pad & easel
- 3 x 5 index cards & file box
- 12 file folders, labels
- 4 hanging file folders, labels
- 3 milk crates
- Push pins (pack of 100)

- Clipboards (minimum 5)
- Stapler, staples
- Masking tape
- Clear tape
- Staff name tags
- Post-its (pack of 10)
- #10 envelopes
- 3-ring binders (3), 3-hole punch
- Scissors
- Pencil sharpener (manual)
- Paper clips (box 100)
- 200 hospital ID bracelets
- ID permanent markers
- 24 runner signal flags
- 2 bulletin boards
- VRC staff “uniform” (eg: vests, badges)

Forms
- Volunteer instructions (25 x 4)
- VRC & MRC Volunteer Registration forms (100)
- VRC & MRC Request for Volunteers forms (100)
- Volunteer referral forms (3-part; color coded)
- Staff & volunteer sign-in forms
- Expense forms
- Oath & Waiver forms
- Orientation attendance
- Release of Coverage forms
- Agreement to Provide MRC Services
- Confidentiality Statement

Lists, maps, contact information
- VRC Floor schematic
- City, county maps
- Emergency cell phone, email lists
- VRC job descriptions

Equipment
- Laptop, printer, software, database access
- VRC Signage, poles
- 2 large dry-erase white boards, stands
- Battery operated radio, batteries
- Battery operated clock
- Digital camera, batteries
- Phone system (rollover w/extra lines)
- Coffee urn, cups, coffee, supplies
- Large ice chest
- Flashlights, batteries
- Bottled water
- Paper towels
- Toilet paper

Agreement to Provide Volunteer Services

I, ________________________________, agree to provide volunteer services for the Summit County MRC/CERT / Summit County General Health District (SCGHD)

- I understand that the MRC/CERT/SCGHD is under no obligation to compensate me.
- I will abide by all safety rules.
- My supervisor while providing volunteer work is __________________________. I will receive direction from and report to this supervisor.
- I will keep confidential all client/patient information. I have been oriented to the SCGHD Confidentiality policy and signed the confidentiality agreement.
- I agree to provide only the volunteer services that I have been assigned and at no time will I engage in any other/additional duties unless assigned by my supervisor.
- I will submit a record of my volunteer time to my supervisor and keep a copy for my records.
- My emergency contact information is listed here:

  Name of contact: ________________________________
  Phone: ________________________________

I agree with the statements listed above.

Signature: ________________________________  Date: ________________

Supervisor: ________________________________  Date: _____

Appendix G
Volunteer
Release of Coverage

I, ______________________________, acknowledge that as a MRC/CERT volunteer for Summit County General Health District I am not provided workers’ compensation benefits or employee health insurance benefits through Summit County. As a MRC/CERT volunteer, I am not provided insurance that could otherwise be expected to compensate me or reimburse me for injuries and related medical expenses, property damage and other losses incurred as a result of participating as an MRC/CERT volunteer, including but not limited to the above mentioned that might occur in the workplace or in motor vehicle accidents while performing services or duties as a MRC/CERT volunteer.

________________________________________________
Signature of Volunteer

___________________
Date

Appendix H
Volunteer Confidentiality Statement

I ________________________________________, realize my ethical and legal obligation to protect the confidentiality of any and all records, information (including computer data files) and client identity that I may have access to during my duties and an MRC/CERT volunteer. I will treat this obligation as a critical performance standard of my duties and if breached would likely lead to dismissal from the Summit County MRC/CERT. I agree to follow all MRC/CERT/Summit County General Health District policies related to privacy and will protect private and confidential information from either convert or inadvertent disclosure.

I the undersigned understand my obligations to protect privacy and confidentiality.

__________________________________________________________________________
Signature                                                                   Date

__________________________________________________________________________
Witness Signature                                                         Date

Appendix I
SUMMIT COUNTY
EMERGENCY MANAGEMENT AGENCY
VOLUNTEER REGISTRATION RECORD

PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First:</th>
<th>Initial:</th>
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<th>City &amp; Zip:</th>
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<table>
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<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
<th>Pager/Alternate Number</th>
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</table>

<table>
<thead>
<tr>
<th>SSN:</th>
<th>Valid Driver’s License:</th>
<th>Y</th>
<th>N</th>
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<tbody>
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EMERGENCY CONTACT:

<table>
<thead>
<tr>
<th>Name:</th>
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<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Phone:</th>
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I am usually available for: (mark all that apply)

<table>
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<tr>
<th>Training:</th>
<th>Days</th>
<th>Nights</th>
<th>Weekends</th>
</tr>
</thead>
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</table>

<table>
<thead>
<tr>
<th>Emergency Response:</th>
<th>Days</th>
<th>Nights</th>
<th>Weekends</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

Special Skills/Computer Skills/Interests:

_________________________________________________________________________________

_________________________________________________________________________________

Do you have any health problems that could limit your ability to serve as a volunteer?  Y | N

If yes, explain: _________________________________________________________________

Additional Remarks: _____________________________________________________________

I certify that the above information is correct. I understand that while acting in behalf of the agency and/or displaying any Emergency Management insignia or identification, I will be expected to conduct myself in a professional manner. I also understand that upon termination of my volunteer services that I must return my identification card. I agree to obey all laws, rules, and regulations pertaining to Emergency Management.

Volunteer’s Signature   Date

Rev. 5/98

Appendix J
VOLUNTEER COPY  (Form retained by volunteer)

VOLUNTEER REFERRAL  
(Please print)

JOB REQUEST #___________________________  Date ___/___/____

NAME _____________________________________________________________

REFERRED TO (Agency/organization/site) ________________________________

REPORT TO _________________________________________________________

Site address _________________________________________________________

Phone _______________________  

Task/Assignment ______________________________________________________

Report date ___/___/___  Time ____________________________

VRC Staff initial each box below when completed

<table>
<thead>
<tr>
<th>Registration</th>
<th>ID</th>
<th>Vests</th>
<th>Training</th>
</tr>
</thead>
</table>

Appendix K
REFERRAL FOR DATABASE FORM
(Please print)

JOB REQUEST #___________________________

NAME (Please print)_________________________________________

Date ___/___/____

Referred to (Agency/organization/Site)
__________________________________________________________________

REPORT TO ________________________________________________________

Task/Assignment ________________________________________________________

Report date ___/___/____ Time __________________________

VOLUNTEER SIGNATURE

VRC Staff initial box below when completed

<table>
<thead>
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<th>Registration</th>
<th>ID</th>
<th>Vests</th>
<th>Training</th>
<th>Database</th>
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</thead>
</table>

Appendix L
PLACEMENT SITE COPY (Form to be collected at point of volunteer service)

VOLUNTEER REFERRAL (Please print)

JOB REQUEST #_________________________

Date ___/___/____

NAME __________________________________________

REFERRED TO (Agency/organization/Site) __________________________

REPORT TO __________________________

Site address ______________________________________

Phone __________________________

Task/Assignment __________________________________________

Report date ___/___/___ Time __________________________

VRC Staff initial each box below when completed

<table>
<thead>
<tr>
<th>Registration</th>
<th>ID</th>
<th>Vests</th>
<th>Training</th>
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</thead>
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Appendix M
Accident/Injury Report

MUST BE FILLED OUT AND TURNED IN WITHIN 24 HOURS OF INCIDENT

Date_____________ Job/Training Activity____________________________

Member/Volunteer____________________________

Witnesses _____________________________ _____________________________

Type of Incident (accident with out injury, injury, illness, loss, confrontation, etc.)
____________________________________________________________________________________

Describe what happened _____________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What action was taken (first aid, sent to hospital, police contacted, etc.)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Who authorized
____________________________________________________________________________________
____________________________________________________________________________________

Administration __________________________ Date

Summit County Citizen Corps Coordinator __________________________ Date

Appendix N
VRC Organizational Chart

Appendix O
<table>
<thead>
<tr>
<th>Item Changed</th>
<th>DATE OF CHANGE</th>
<th>COMPLETED BY</th>
<th>DATE COMPLETED</th>
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</thead>
<tbody>
<tr>
<td>211 form updated</td>
<td>9/22/16</td>
<td>Marlene Martin</td>
<td></td>
</tr>
<tr>
<td>Name of the volunteer management system updated to Ohio Responds.</td>
<td>9/22/16</td>
<td>Marlene Martin</td>
<td></td>
</tr>
<tr>
<td>Updated the ORC number for the liability protection of the Citizen Corps Volunteers in Ohio</td>
<td>9/22/16</td>
<td>Marlene Martin</td>
<td></td>
</tr>
</tbody>
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