

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.



## 2016 FORMS LIST

### ☐ **Registration FORMS:**

1. ICS 211 Personnel Sign-in Sheet
2. Volunteer Registration Instructions
3. Volunteer Registration Form
4. Volunteer Liability Waiver, Confidentiality Agreement
5. Volunteer Code of Conduct and FEMA ICS Deployment Checklist
6. Medical Volunteer Registration
7. Call Center Volunteer Intake Script

### ☐ **Credentialing FORMS:**

8. Volunteer Processing Checklist
9. Volunteer Assignment Checklist (front of 9)
10. Volunteer Assignment Checklist (back of 9)
11. Volunteer Assignment Card (VAC); Training Record/Assignments Back
12. CORI MA Responds Acknowledgement
- 12B. CORI Request Form

### ☐ **Training FORMS:**

13. JITT Basic and Safety Training Attendance Log
14. JITT Pocket Guide

### ☐ **Assignment FORMS:**

15. MA Responds Request for Volunteers
16. Volunteer Badge and Assignment Log
17. Volunteer Badges (front of #17)
18. Volunteer Badges (back of #17)
19. Volunteer Equipment Issue and Return
20. Volunteer Tracking Log

### ☐ **Support FORMS:**

21. Incident Action Log
22. Incident Report
23. Complaint Report
24. Transportation Request

### ☐ **Demobilization FORMS:**

25. Volunteer Demobilization Instructions
26. ICS 221 - Demobilization
27. MRC Volunteer Poster

□ **Facilities FORMS:**

- 28. Volunteer Reception Center Field Guide
- 29. Volunteer Reception Center ICS Positions
- 30. ICS 203 Organization Assignment List
- 31. Volunteer Reception Center Security Plan
- 32. Volunteer Reception Center Signs
- 33. VRC Facility Assessment Checklist
- 34. ICS 205B Personnel Communications List
- 35. Volunteer Reception Center Partner Contact List
- 36. Volunteer Reception Center Supply List
- 37. Volunteer Reception Center Communication Resources

□ **Data Management FORMS:**

- 38. ICS 213- General Message/Resource Request
- 39. Finance Tracking
- 40. ICS 214 Activity Log
- 41. Volunteer Thank You Card
- 42. Minor Volunteer Liability Permission Release



2016

# SVMS Registrations Forms 1-7



## VOLUNTEER MANAGEMENT SYSTEM

### ICS 211 – Personnel Sign-In Sheet

1. Incident Name:			<b>Send to:</b> Data Management/Finance at end of each Operational Period/Shift							
2. Date:		3. Time:		<b>Purpose:</b> Records responder work time for reimbursement and security/safety						
4. Operational Period:			<b>When to fill out:</b> 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								
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		<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								

# 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"/> <b>Registration Area</b>	<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"/> <b>Credentialing Area</b>	<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"/> <b>Training Area</b>	<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"/> <b>Assignment Area</b>	<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"/> <b>Support Area</b>	<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"/> <b>Demobilization</b>	<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 forgoing 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) [_____]	

## VOLUNTEER MANAGEMENT SYSTEM

### Call Center Volunteer Intake Script

The call center, working in conjunction with the Public Information Officer will use the following script:

**Greeting:** “You have reached the [Community Name] volunteer reception center. May I help you?”

**If the caller ask for other information, direct as follows:**

- ☐ Life threatening emergency: Hang up and call 9-1-1
- ☐ Information on the emergency status or available resources or need for services: call 2-1-1

**If the caller is interested in volunteering:**

- ☐ Describe the role of the volunteer reception center as an intake site
- ☐ Explain that preliminary information about them and their skills and interests will be collected and entered into a database that will be shared with governmental and partner organizations that need volunteers to respond to the event ASAP or in the future
- ☐ Explain that an agency representative who needs their particular skills will contact them directly and that it’s not known if or when that will be
- ☐ Ask the caller, “Are you affiliated with a local agency or faith-based group, as a volunteer?”
  - If yes, suggest that the caller contact that group and offer to help
  - If no, or if they want to register with the VRC rather than contact their affiliated agency, fill out the top portion of a *Volunteer Registration Form* and stop before the section titled “Check appropriate skills below”

**Before beginning the second portion (skills assessment), make the following points: Tell the caller:**

- ☐ “I will now review with you several possible volunteer positions that may be needed by one or more agencies and jurisdictions. Some of these positions require proof of certification, physical strength, and a criminal background check. Verification of these things will be conducted by
  - the requesting agency or
  - the volunteer reception center.
- ☐ Also, if you live in or work in [Community Name] that has established a volunteer reception center; we will forward this information to them.
- ☐ This is just the initial intake process. Do you have any questions so far?”

**Call-Taker Action: Complete the form and cover the following points with the caller:**

- ☐ Verify if the caller wants to volunteer alone or as part of a group
- ☐ Check the appropriate box next to the title of this form
- ☐ If the caller is representing a group, enter the caller’s contact information in the first section and then enter information on group members’ skills
- ☐ “The information you have provided will be distributed to a variety of jurisdictions, agencies and non-profit groups that have a role in helping communities recover from disasters. Do you consent to sharing this information with other groups?” (If not, suggest that they contact the agency of their choice directly to see if they are in need of help).
- ☐ “If your skills are needed at this time you will be contacted within several days by the requesting agency. If not, your information will be included on a reserves list and referred to throughout the response and recovery to this event.”
- ☐ At this time we encourage to you check on neighbors and assist them as best you can.”
- ☐ “Do you have any questions?”
- ☐ “Thank you for your interest in volunteering.”

**Call-Taker Action:** Submit the completed volunteer intake form to the VRC Registration Team Leader



2016

# SVMS Credentialing Forms 8-12



**VOLUNTEER MANAGEMENT SYSTEM**  
**Volunteer Processing Checklist**

**FOR OFFICE USE ONLY – TO BE KEPT IN THE VOLUNTEER'S FILE**

Volunteer Name:

Date Registered:

Volunteer Gov. Photo ID

VMS ID #:

Volunteer Contact Number:

VMS Badge Issued: ☐ Yes ☐ No

Volunteer Credential/License

Verified ☐ Yes ☐ No

Notes:

Volunteer Credential/License

Verified ☐ Yes ☐ No

Notes:

Volunteer Credential/License

Verified ☐ Yes ☐ No

Notes:

CORI Background check

☐ Approved

☐ Pending

☐ Not approved

SORI

☐ Approved

☐ Pending

☐ Not approved

Signed Volunteer Application

☐ Yes ☐ No

Signed Waiver Agreement

☐ Yes ☐ No

Basic JIT Safety Training

Date:

Instructor:

Assignment

☐ Yes

☐ Waiting Assignment

Equipment Issued:

Date Issued:

Return Date:

Prophylaxis:

☐ Yes ☐ No

Date Provided:

PPE:

☐ Yes ☐ No

Date Provided:

Trouble Reported:

ICS/VMS Supervisor Evaluation/Feedback:

Volunteer Feedback:

Receipt for Volunteering Issued:

**ASSIGNMENTS**

DATE

NEED #

ESF OR AGENCY

CONTACT NAME

CONTACT #

Notes:

Interviewer Name

Interviewer Signature

Date

## VOLUNTEER MANAGEMENT SYSTEM

### Volunteer Assignment Checklist

#### ☐ USED BY THE ASSIGNMENT BRIEFING DESK

*Revise to provide outline of essential information for volunteer assignment briefing*

Volunteer Name:

Volunteer ID:

Position:

Date/Shift of Assignment:

Report to:

Assignment Location:

#### ☐ GENERAL

- Make sure your family is safe and taken care of before you deploy.
- Once assigned and deployed you become a member of the organizational structure of your assignment.
- You will have a supervisor; report to and take direction from him/her.
- You should be provided with a job briefing by your supervisor or their designee. If not, ask for one.
- If in doubt, ask your supervisor if you have questions about your role, responsibilities, or duties.
- If you don't get the information you need from your supervisor or on-site volunteer coordinator, call the Trouble Desk at: \_\_\_\_\_.
- Specific: Provide assigned duty, reporting requirements, PPE, other safety issues, questions.

#### ☐ RULES/POLICIES/GUIDELINES

- Permission to enter the operational area is for your official assignment ONLY.
- We will give you an access badge.
- Return the badge when your assignment is over.
- Unauthorized entry, or willful deviation from your assigned tasks will be interpreted as trespassing, and you may be subject to criminal proceedings.
- Misrepresentation of identification, credentials, certifications, or qualifications will be interpreted as a criminal act and may be subject to criminal prosecution.
- If you are unable to report for your assignment, notify us ASAP at: \_\_\_\_\_.

#### ☐ SITUATIONAL AWARENESS INFORMATION

- ☐ Describe the incident and major objectives
- ☐ Describe ICS response actions and accomplishments to date
- ☐ Describe major tactics being used
- ☐ Describe, where/how volunteers fit in the response structure
- ☐ Other
- ☐ Other

#### ☐ SAFETY MESSAGES

- ☐ **PPE:** Distributed as necessary. Describe appropriate personal protection and instructions for using it.
- ☐ **Infection Control:** Review measures as needed.
- ☐ **Medical Plan:** You will receive site specific instructions if you need to get medical and/or behavioral health support during your assignment.
- ☐ **General Equipment:** Telecommunications and other if indicated and available
- ☐ **Other**



## VOLUNTEER MANAGEMENT SYSTEM

### Volunteer Assignment Checklist (Back)

#### Contact Information



<input type="checkbox"/>	For assistance call:
<input type="checkbox"/>	Other emergency numbers:
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

#### What to Bring



<input type="checkbox"/>	Personal emergency contact information
<input type="checkbox"/>	ID badge
<input type="checkbox"/>	Government issued photo ID
<input type="checkbox"/>	Basic personal supplies/go-kit
<input type="checkbox"/>	Appropriate affiliation logo clothing: T-shirt, polo, hat, jacket, sturdy shoes, warm clothes
<input type="checkbox"/>	Communications equipment: cell phone, HAM radio

#### Information You Need At the Site



<input type="checkbox"/>	Situational awareness: Where do things stand?
<input type="checkbox"/>	Incident Command Structure: Who is in charge? Who do you report to?
<input type="checkbox"/>	Safety precautions: Any special personal protective equipment needed?
<input type="checkbox"/>	Assignment: Get a job action sheet
<input type="checkbox"/>	Security: What security measures are in place?

#### Work Guidelines



<input type="checkbox"/>	Always sign in and out of the site
<input type="checkbox"/>	Maintain confidentiality
<input type="checkbox"/>	Do not talk to the press unless authorized by the incident commander
<input type="checkbox"/>	Document all actions taken
<input type="checkbox"/>	Work within the limits of your: <ul style="list-style-type: none"> <li>• professional license</li> <li>• personal ability/comfort</li> <li>• training</li> </ul>

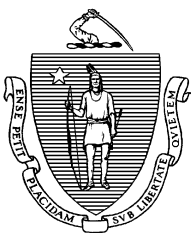
#### Stress Management



<input type="checkbox"/>	Stress is a normal reaction to an abnormal situation
<input type="checkbox"/>	Take breaks
<input type="checkbox"/>	Eat well, drink water and exercise
<input type="checkbox"/>	Sleep when you can
<input type="checkbox"/>	Be aware of your stress level and that of your team members
<input type="checkbox"/>	Do not self-medicate: seek assistance

VOLUNTEER MANAGEMENT SYSTEM Volunteer Assignment Card					
Emergency Contact for VMS Support/Help Desk: _____					
Issuing Jurisdiction				Issue Date	Badge #
Name Last	First	Initial	SSN Last 5 #:		
Address					
Community		State	ZIP	PHOTOGRAPH	
D.Lisc.#	DOB:	Blood Type	Sex		
Height:	Weight:	Eye Color	Hair Color		
Special Skills/Credentials:					
Physical Disability (if any):					
Home Phone:		Work Phone:		Mobile:	
<b>I certify that this information is true the best of my knowledge:</b>				<b>In case of emergency, notify:</b>	
Emergency Worker Signature			Date	Name	
Emergency Worker Assignment				Phone: ( ):	
Authorizing Name				Relationship EW:	
Authorizing Signature			Date		

VOLUNTEER MANAGEMENT SYSTEM Volunteer Assignment Card –(Back)			
Name of Volunteer:			
Training Completed:		<input type="checkbox"/> JITT: Trainer Sign. _____	<input type="checkbox"/> Other: Trainer Sign. _____
DATE	ASSIGNMENT/TIME	LOCATION/CONTACT	SUPERVISORS' INITIALS/COMMENTS
Date	Equipment Issued		
Debrief	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Demobilization Date:		Volunteer Sign.	Supervisor Sign.



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

MARYLOU SUDDERS  
Secretary

KARYN E. POLITO  
Lieutenant Governor

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, 1<sup>ST</sup> 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

\_\_\_\_\_  
Street Number & Name

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State 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: \_\_\_\_\_



2016

# SVMS Training Forms 13-14



## VOLUNTEER MANAGEMENT SYSTEM

### Just-in-Time Basic and Safety Training Attendance Log

[illegible]



# Spontaneous Unaffiliated Volunteer (SUV) Training Guide (02.13.16) [www.wrhsac.org](http://www.wrhsac.org)



## 1. AT A GLANCE

**What is an SUV?** A spontaneous volunteer has not been deployed and is usually not affiliated with a recognized response organization. SUVs can provide critical skill and resources to large scale disasters. SUVs are deployed after affiliated volunteer resources are exhausted. They supplement the existing emergency management and response system.

### Learning Objectives: Safety and a Good Volunteer Experience

1. Welcome and thank you for volunteering.
2. We are grateful for your willingness to help.
3. This training will provide you with information meant to: ensure that you are ready to volunteer; keep you safe; teach you our organizational structure; explain registration.

#1 AT A GLANCE - OVERVIEW	#2 PERSONAL SAFETY/PREPAREDNESS	#3 CODE OF CONDUCT	#4 INCIDENT COMMAND / SUPERVISION
<p><b>Are you ready to volunteer?</b></p> <ul style="list-style-type: none"> <li>• Are you and your family safe?</li> <li>• Are you flexible and willing?</li> <li>• Are you aware of the potential risks?</li> <li>• Considered your personal limitations?</li> </ul> <p><b>Registration Process:</b></p> <ul style="list-style-type: none"> <li>• Fill in the Registration Forms</li> <li>• Have your ID/Credentials checked</li> <li>• Basic volunteer safety training</li> <li>• Assignments, Support, Demobilization</li> </ul> <p><b>House Rules:</b></p> <ul style="list-style-type: none"> <li>• Safety First</li> <li>• Accountability: Always sign in/out</li> <li>• Media: don't talk to the media; refer to the PIO</li> <li>• Follow Chain of Command/ICS</li> <li>• Respect Victims; Confidentiality; No photographs of victims</li> </ul>	<p><b>Volunteer Readiness Checklist</b></p> <ul style="list-style-type: none"> <li>• Personal Emergency Preparedness</li> <li>• Appropriate Clothing/Boots/Gloves</li> <li>• Good Health, Time, Transportation</li> <li>• Special needs Staff should know about</li> </ul> <p><b>Staying Healthy:</b></p> <ul style="list-style-type: none"> <li>• Eat Well, Sleep at least 6 hours</li> <li>• Exercise</li> <li>• Wash your hands; cover your coughs</li> <li>• Restrict caffeine, sugar, alcohol, drugs</li> </ul> <p><b>Psychological First Aid</b></p> <ul style="list-style-type: none"> <li>• Emergencies are stressful: know your limits</li> <li>• Know your limits; take care of yourself</li> <li>• Be Cautious and Compassionate</li> <li>• Practice Active Listening</li> </ul> <p><b>Personal Items to Bring</b></p> <ul style="list-style-type: none"> <li>• Boots and heavy gloves</li> <li>• Snacks and water</li> <li>• Weather appropriate clothing</li> <li>• Flashlight; hand sanitizer, cell phone</li> <li>• Professional credentials; Photo ID</li> </ul>	<p><b>Volunteer Code of Conduct</b></p> <ul style="list-style-type: none"> <li>• Follow all safety instructions</li> <li>• Treat all with respect; honor victims and responders</li> <li>• Honor the Confidentiality Agreement you signed</li> <li>• Communicate clearly and often</li> <li>• If in doubt ask or report to your supervisor</li> <li>• Work within your assignment, skills and training</li> </ul> <p><b>Confidentiality and the Media on the Job</b></p> <ul style="list-style-type: none"> <li>• Respect the privacy of victims</li> <li>• Understand the incident rules about social media; generally social media releases are not allowed.</li> <li>• Do not speak to the media; send them to the Public Information Officer (PIO)</li> </ul>	<p><b>Who's In Charge?</b></p> <ul style="list-style-type: none"> <li>• Emergencies operate using the Incident Command System (ICS). All volunteers must use this structure to be safely integrated into the response system.</li> <li>• Remember, there is always someone in charge! <b>You just need to know:</b> <ul style="list-style-type: none"> <li>• who you report to</li> <li>• who reports to you</li> </ul> </li> </ul> <p><b>Communications is Key:</b></p> <ul style="list-style-type: none"> <li>• <b>Coverage:</b> Check your cell phone and radio</li> <li>• <b>Contacts:</b> Exchange cell phone and radio numbers</li> <li>• <b>Check-ins:</b> Know your "check-in times" and point(s) of contact or who you are supposed to call.</li> <li>• <b>ICS:</b> Learn who you report to and who reports to you.</li> <li>• <b>Radio Etiquette:</b> if using a radio for the first time, check with an experienced volunteer first</li> </ul>
#5 REGISTRATION	#6 CREDENTIALING	#7 JOB ASSIGNMENT	#8 DEBRIEFING, RETENTION, RECOVERY
<p><b>Bring a government issued photo ID</b></p> <p><b>Complete Registration Forms</b></p> <ul style="list-style-type: none"> <li>• Volunteer Registration Form</li> <li>• Liability Waiver Form</li> <li>• Code of Conduct Agreement</li> <li>• Confidentiality Agreement</li> <li>• FEMA Volunteer Readiness Checklist</li> </ul>	<p><b>Credential Checks: Who are you?</b></p> <ul style="list-style-type: none"> <li>• <b>Credentials:</b> We need to know that you have the credentials you claim, so we will check your credentials/licenses.</li> <li>• <b>Assignments:</b> Until those checks clear, please understand that you will be assigned to jobs that do not require any certifications/licenses.</li> <li>• <b>Unaffiliated volunteers:</b> may be placed on a standby list or paired with at least 1 credentialed volunteer until cleared.</li> </ul>	<p><b>Matching Volunteers to Jobs:</b></p> <ul style="list-style-type: none"> <li>• We will try to match your skills with an appropriate job.</li> <li>• You will be given a Volunteer Assignment Card (VAC) so that you and your supervisor have needed information.</li> <li>• Keep this card with you at all times.</li> </ul> <p><b>Job Action Sheets</b></p> <ul style="list-style-type: none"> <li>• Assignments can be unexpected. If there is a JAS, it will be provided to you.</li> </ul>	<p><b>When the job is done:</b></p> <ul style="list-style-type: none"> <li>• Volunteers return to the Volunteer Reception Center for reassignment and or debriefing and release.</li> <li>• You will complete a debriefing/review of events</li> <li>• Sign out and return badges and all supplies/equipment.</li> <li>• A report outlining tasks and hours worked may be available</li> </ul>

### WHAT ABOUT FUNDING?

During declared emergencies some supplies or reimbursements may be available, but volunteers should be willing to cover their own costs, unless otherwise agreed in writing.

### WHAT ABOUT LIABILITY?

Check with your insurance provider, but most often affiliated volunteers will be covered by Good Samaritan laws, their organization or Mutual Aid Agreements.

# SUV POCKET VOLUNTEER TRAINING GUIDE

## INCIDENT COMMAND STAFFING

**How do we fit into ICS?** Start your volunteer experience by learning a about the Incident Command System (ICS). This system is used across the nation to help coordinate agencies, personnel, resources and tasks during emergencies. It is a standardized, all-hazards approach that provides a flexible, scalable structure with common processes for planning/response.

### ICS IN YOUR COMMUNITY

During an emergency your community local emergency management system will likely use the ICS system. Below are the standard ICS positions:

**Incident Commander (IC):** The person in charge of the incident who sets the incident objectives, strategies, and priorities and has overall responsibility for the emergency. The IC has several people who help with specific functions:

**Safety Officer**, who makes sure that all responders/operations are safe.

**Liaison Officer**, who works with other agencies, COAD, VRC, State, others

**Public Information Officer (PIO)** makes sure that responders and the public have the information they need.

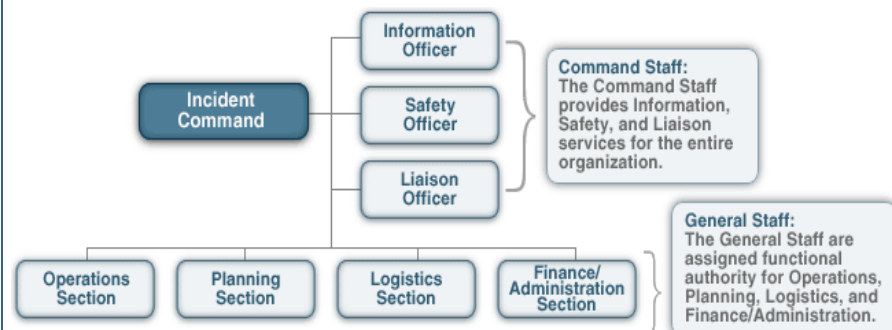
**Operations Section Chief**, develops the tactical objectives and organization, conducts tactical operations and directs all tactical personnel to carry out the plan.

**Logistics Section Chief** provides support, resources, and all other services needed to meet the operational plan.

**Planning Section Chief**, monitors the situation, collects and evaluates information, manages the Resource Unit, prepares/documents the Incident Action Plan (IAP) for the next operational period to accomplish IC's objectives.

**Finance Section Chief** collects data, monitors costs related to the incident and provides accounting, procurement, time recording, and cost analyses.

In a large incident, many of these positions will have team of people operating under them to take on more specific functions and roles. Here is an ICS Chart:



### ICS AT THE VOLUNTEER RECEPTION CENTER

The ICS system at the VRC can be quite simple or complex. There are three basic VRC functions:

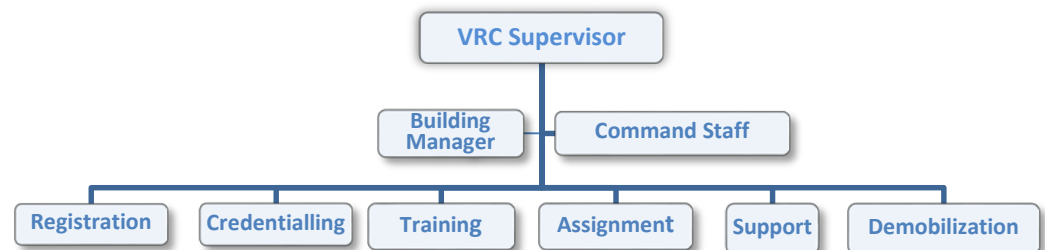
1. VRC Management: (Command/Planning/Safety/Finance/Public Information)
2. VRC Operations: Registration, Credentialing, Training, Support, Demobilization
3. VRC Facility & Supplies (Logistics)

The ICS organizational chart is set up to support these functions.

<b>VRC Supervisor</b>	<ul style="list-style-type: none"><li>• Overall Management of the VRC</li><li>• Liaison with EMD/EOC in the community</li><li>• Plan for the next day's operations</li><li>• Coordinate Staff</li><li>• Ensure Health and Safety of volunteers and staff</li><li>• Manage Finance and Administration</li><li>• Recommend expenditures; obtains supplies</li><li>• Maintain records and completes reports</li><li>• Ensure timely/accurate management of public information</li></ul>
<b>Building Manager</b>	<ul style="list-style-type: none"><li>• Maintain and operate the facility; sanitation</li></ul>
<b>Command Staff</b>	<ul style="list-style-type: none"><li>• Safety Officer, Public Information Officer, Liaison Officer</li></ul>
<b>Registration Unit Leader</b>	<ul style="list-style-type: none"><li>• Welcome, orientation, registration, credentialing, training</li></ul>
<b>Volunteer Unit Leader</b>	<ul style="list-style-type: none"><li>• Volunteer assignments, support, demobilization/retention</li></ul>

Before an Emergency that requires you to set up your VRC, it is a good idea to have people assigned to each of these roles. Complete this training with your team, or as self-learning instruction, so that everyone understands how the VRC runs and roles and responsibilities.

**\*Every operation should have at least two staff members on site at all times.**



2016

# SVMS Assignment Forms 15-20





# Massachusetts Volunteer Request Form



## REGION 1 VOLUNTEER MANAGEMENT SYSTEM VOLUNTEER REQUEST FORM

Description/Name of event: ?????

Local MRC leader:?????

Has local MRC been contacted? ☐Yes ☐No

### Requesting Agency Information

Date: ?????

Requestor's name: ?????

Requestor's telephone: ?????

Requestor's email: ?????

### Event Information

Date: ?????

Address/Location: ?????

Point of Contact at Site: ?????

Phone:?????

Type of event? ☐Shelter ☐Emergency ?????

☐Other ?????

How quickly is response needed? ?????

### Volunteer Information

Volunteer Duties; ?????

Physical abilities:

Job Descriptions included? ☐Yes ☐No

Type of volunteers needed (medical/non-medical/Licensed)? ?????

Will agency accept non-MA Responds volunteers? ☐Yes ☐No

How many of each?

Minimum Credential?

Min.Age?

Professions & skills needed: ?????

Date/time/duration of shift(s) and check-in time: ?????

Who do volunteers report to? ?????

Phone:?????

Additional Info(meals, supplies, lodging, transportation, parking, etc): ?????

Directions ?????

Volunteer Referred Date:

Requestor follow up Date:

Date Closed

Signature of Person Filling in this form

## VOLUNTEER MANAGEMENT SYSTEM

### Volunteer Badge and Assignment Log

Verify that each individual has been assigned to work and verify identity using state issued photo identification before issuing emergency worker badge.

## ASSIGNMENT DESK

[illegible]



# VOLUNTEER MANAGEMENT SYSTEM

## Volunteer Badges

<div>Community Name</div> <div>Name:</div> <div>Is a registered Emergency Worker of:</div> <div>Assignment:</div> <div>Authorizing Signature</div> <div>Issue Date:      Exp. Date      Card#</div>	<div>Community Name</div> <div>Name:</div> <div>Is a registered Emergency Worker of:</div> <div>Assignment:</div> <div>Authorizing Signature</div> <div>Issue Date:      Exp. Date      Card#</div>
<div>Community Name</div> <div>Name:</div> <div>Is a registered Emergency Worker of:</div> <div>Assignment:</div> <div>Authorizing Signature</div> <div>Issue Date:      Exp. Date      Card#</div>	<div>Community Name</div> <div>Name:</div> <div>Is a registered Emergency Worker of:</div> <div>Assignment:</div> <div>Authorizing Signature</div> <div>Issue Date:      Exp. Date      Card#</div>
<div>Community Name</div> <div>Name:</div> <div>Is a registered Emergency Worker of:</div> <div>Assignment:</div> <div>Authorizing Signature</div> <div>Issue Date:      Exp. Date      Card#</div>	<div>Community Name</div> <div>Name:</div> <div>Is a registered Emergency Worker of:</div> <div>Assignment:</div> <div>Authorizing Signature</div> <div>Issue Date:      Exp. Date      Card#</div>

# 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>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>Note to Responders: This Volunteer was credentialed/trained/badged at _____</p> <p>by _____ on _____</p>	<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>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>Note to Responders: This Volunteer was credentialed/trained/badged at _____</p> <p>by _____ on _____</p>	<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>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>Note to Responders: This Volunteer was credentialed/trained/badged at _____</p> <p>by _____ on _____</p>	<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>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>Note to Responders: This Volunteer was credentialed/trained/badged at _____</p> <p>by _____ on _____</p>	<p>Note to Responders: This Volunteer was credentialed/trained/badged at _____</p> <p>by _____ on _____</p>



**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

1. INCIDENT:	2. DATE/TIME: PREPARED:
--------------	-------------------------

3. OPERATIONAL PERIOD (Date/Time):	4. NAME OF TRACKING SUPERVISOR:
------------------------------------	---------------------------------

	<b>VOLUNTEER TRACKING SUPERVISOR: Distribute to Assignment Supervisor &amp; EOC Logistics</b>
--	---

5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
Volunteer Name	Vol ID #	Contact Number	Assignment Position	Location	Date	Shift	Transportation: Private /Provided	Assignment Arrival: yes/no	Job specific briefing yes/no	Assignment Completion Date/Time	# Hours Worked	ICS/ Supervisor	Return Transport Private or Provided	Out processing Date/Time	Comments, trouble special circumstances

[illegible]

2016

# SVMS Support Forms 21-24



## VOLUNTEER MANAGEMENT SYSTEM

### Incident Action Log

**Directions:**

Issues and concerns may arise during VRC operations. Use the Action Log to record the incident and the action(s) you took to address it. Under the “Incident” column, record the issue or concern and under the “Action Taken” column, describe the action you took in response. Make sure to record the date and time of the events and note who was involved in the incident.

Issues and concerns may arise during VRC operations. Use the Action Log to record the incident and the action(s) you took to address it. Under the “Incident” column, record the issue or concern and under the “Action Taken” column, describe the action you took in response. Make sure to record the date and time of the events and note who was involved in the incident.

**VRC Assignment:**

Supervisor: \_\_\_\_\_

[illegible]

## VOLUNTEER MANAGEMENT SYSTEM INCIDENT REPORT

**Complete this section if an injury occurred or equipment was damaged.**

- ☐ An incident is an event that caused injury to a person or damage to equipment, facilities, or materials.
- ☐ A near miss is an event that potentially could have caused injury or damage to people, equipment, or facilities.

Form completed by: [REDACTED]

Person involved in incident: [REDACTED]

Witness(es): [REDACTED]

Personnel ICS Role: [REDACTED]

Date of incident: [REDACTED]

Time of incident: [REDACTED]

☐ A.M.

☐ P.M.

Date reported: [REDACTED]

Station and location where incident occurred: [REDACTED]

Worker's shift on day of injury, from: [REDACTED]

☐ A.M.

☐ P.M.

to: [REDACTED]

☐ A.M.

☐ P.M.

Nature of injury (such as strain, cut, bruise, needle stick, etc.): [REDACTED]

Body parts affected (such as left hand or right ankle): [REDACTED]

Medical treatment required:

☐ None

☐ First aid

☐ Hospital or physician

Name of hospital or attending physician: [REDACTED]

Was worker hospitalized overnight as a patient? ☐ Yes ☐ No

Did worker leave the shelter because of the injury?

☐ Yes

☐ No

If yes, what time: [REDACTED]

☐ A.M.

☐ P.M.

Date worker/volunteer returned to regular duty:  
[REDACTED]

Date worker returned with light-duty restrictions:  
[REDACTED]

Describe incident fully (use back of sheet if necessary, or sketch on back of sheet if needed to clarify): [REDACTED]

List all equipment, machinery, materials, or chemicals worker was using when incident occurred: [REDACTED]

Identify factors you believe contributed to or caused the incident: [REDACTED]

Were proper procedures being followed when incident occurred? ☐ Yes ☐ No

If no, explain: [REDACTED]

Was worker wearing proper personal protective equipment? ☐ N/A ☐ Yes ☐ No

If no, explain: [REDACTED]

Are changes necessary to prevent recurrence? ☐ Yes ☐ No

If yes, explain: [REDACTED]

Worker signature: [REDACTED]

Date: [REDACTED]

Supervisor signature: [REDACTED]

Date: [REDACTED]

Please forward this form to the safety officer as soon as possible following the incident or near miss.

*Note: If an employee or volunteer receives medical treatment from a hospital or physician, additional forms need to be filled out and forwarded to the safety officer along with the incident report if workers' compensation claim is applicable.*

VOLUNTEER MANAGEMENT SYSTEM	
Complaint Report	
Complaint Description	
Name of Involved Parties	Contact Information
Complainant:	
Other:	
Supervisor:	Contact Information:
Date of Complaint:	Date of Incident:
Complaint Description: Who, What, Where, Why?	
Suggested Solutions	
Corrective Actions	
Date	
Describe the Solutions/Corrective Actions:	
Resolution	
Is Issue Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Next Steps:
Signatures	
Person Logging Compliant:	Print
Worker Supervisor:	Print
Complainant:	Print

<b>VOLUNTEER MANAGEMENT SYSTEM</b> <b>Transportation Request</b>
---

Name of requester			
-------------------	--	--	--

Date of request	Time:		
-----------------	-------	--	--

Name of volunteer needing transportation			
--	--	--	--

Volunteer ID #:	DOB:		
-----------------	------	--	--

Additional volunteers to be transported			

Address of pick-up location			
-----------------------------	--	--	--

Purpose of the trip?	<input type="checkbox"/> Medical Need	<input type="checkbox"/> Return to VRC	<input type="checkbox"/> Other (Specify)
----------------------	---------------------------------------	--	--

Name of destination:			
----------------------	--	--	--

Contact at the discharge destination:	Contact phone
---------------------------------------	---------------

Special equipment or transportation (wheelchair van, stretcher, etc.) needed for persons listed above:			
--	--	--	--

Equipment to be transported:			
------------------------------	--	--	--

Date and time for pick up:			
----------------------------	--	--	--

Date and time for return if applicable:			
---	--	--	--

Transportation arranged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:
--------------------------	------------------------------	-----------------------------	-----------------

Requester notified of action on request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
--	------------------------------	-----------------------------	--

Date and time of notification:			
--------------------------------	--	--	--

Notified by whom?			
-------------------	--	--	--

Signature of person taking Request:			
-------------------------------------	--	--	--





2016

# SVMS Demobilization Forms 25-27



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

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

**VOLUNTEER MANAGEMENT SYSTEM**  
**ICS 221 – Demobilization**

**1. Volunteer Name:**

**2. Incident:**

**3. Planned Release Date/Time:**

Date:

Time:

**4. Resource or Personnel Released:**

**5. Order Request Number:**

**6. Resource or Personnel:** You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate section/supervisor/unit leader.

**LOGISTICS SECTION**

	Unit/Manager	Remarks	Name	Signature
<input type="checkbox"/>	Supply Unit			
<input type="checkbox"/>	Communications Unit			
<input type="checkbox"/>	Facilities Unit			
<input type="checkbox"/>				

**FINANCE/ADMINISTRATION SECTION**

	Unit/Leader	Remarks	Name	Signature
<input type="checkbox"/>	Time Unit			
<input type="checkbox"/>				
<input type="checkbox"/>				

**OTHER SECTION/STAFF**

	Unit/Other	Remarks	Name	Signature
<input type="checkbox"/>				
<input type="checkbox"/>				

**7. Remarks:**

**8. Travel Information:**

Room Overnight: ☐ Yes ☐ No

Estimated Time of Departure: \_\_\_\_\_

Actual Release Date/Time: \_\_\_\_\_

Destination: \_\_\_\_\_

Estimated Time of Arrival: \_\_\_\_\_

Travel Method: \_\_\_\_\_

Contact Information While Traveling: \_\_\_\_\_

Manifest: ☐ Yes ☐ No

Area/Agency/Region Notified: \_\_\_\_\_

Number: \_\_\_\_\_

**9. Reassignment Information:** ☐ Yes ☐ No

Incident Name: \_\_\_\_\_

Incident Number: \_\_\_\_\_

Location: \_\_\_\_\_

Order Request Number: \_\_\_\_\_

**10. Prepared by:** Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**ICS 221**

Date/Time: \_\_\_\_\_

**You think fast on your feet. You stay calm.  
You're the kind of person who wants to help  
when a disaster strikes.**

**We really want to talk to you before it does.**



**VOLUNTEER  
NOW**

*"MRC Volunteers  
are our Public  
Health Heros"  
LBOH*

**The Medical Reserve Corps of Western MA  
offers volunteers with and without medical  
experience a chance to join a network of  
people who are trained and ready to respond  
during public health emergencies and  
unexpected disasters.**

**[www.WMMRC.org](http://www.WMMRC.org)**

**There is an MRC unit near you.  
Visit our website today!**

*Don't wait - Affiliate!*



2016

# SVMS Facilities Forms 28-37



**SIDE A (Communications).** Use this side to collect phone numbers for the individuals and organizations you are most likely to need to talk to in the first minutes and hours after an emergency occurs: staff, emergency responders, facility managers, utilities, vendors, and assistance organizations.



Volunteer Reception Center Pocket Guide * SEE The WRHSAC Volunteer Management System Plan and Standard Operating Guide for more details, plans, forms, templates.					
<b>COMMUNITY CONTACTS</b>	<b>OTHER CONTACTS</b>	<b>MUTUAL AID PARTNERS</b>	<b>VMS TRIGGERS</b>	<b>INITIAL ACTIONS</b>	<b>PUBLIC INFORMATION</b>
Chief Elected Official	EMD		<ul style="list-style-type: none"> <li>Need to manage large numbers of all types of volunteers.</li> <li>Large numbers of spontaneous vol.</li> <li>Prolonged incident response</li> <li>Special skills; private resource needed</li> <li>Request by EOC/MACC/HMCC/MEMA</li> </ul>	<ul style="list-style-type: none"> <li>Initial assessment of the event to determine the need for volunteers</li> <li>Notify response partners</li> <li>Establish command and control to ensure integration of volunteers</li> <li>Coordinate risk communication with the IC/PIO to manage volunteer and public expectations</li> <li>Assess logistical/resource needs</li> <li>Establish a system to document all response actions and expenditure</li> </ul>	<p><b>Begin Risk Communications about volunteers needs immediately</b></p> <ul style="list-style-type: none"> <li>Only the PIO speaks to the Media</li> <li>All messages approved by the IC</li> <li>Manage volunteer expectations; communicate Volunteer policies</li> <li>Work with PIO/JIS to communicate need for volunteers</li> <li>Prepare messages for spontaneous volunteers (SUV).</li> <li>Be ready for media enquiries about volunteers</li> <li>Consider using social media to maintain contact with volunteers</li> <li>Review/Revise the Risk Communication Plan/Media Policies with the EMD, PIO, CEO, JIS/JIC, based on the Incident Action Plan</li> <li>Determine the essential messages/ public information</li> <li>Determine communication channels</li> <li>Develop and send initial holding messages for affiliated volunteers (MRC, CERT, COAD, ARC)                             <ul style="list-style-type: none"> <li>This is an evolving emergency...we don't know the need for volunteers right now. Please do not self-deploy... Stand by for more info...</li> <li>Local officials are investigating the situation</li> <li>We will get back to you in 2 hrs.</li> </ul> </li> <li>Communicate risks/rewards of volunteering</li> <li>Work with COAD to communicate volunteer status and needs</li> <li>Communicate ongoing need for volunteers or specific skills</li> <li>Coordinate with Donation Mgmt.</li> </ul>
VRC Facility Contact	Police				
<b>INCIDENT ICS RELATED TO VRC</b>	Fire		<b>VMS RESPONSE CHECKLIST</b>	<b>OPERATIONS: VRC</b>	
Emergency Operation Center	EMS		<p><b>After assessing the situation, follow these steps to manage SUVs.</b></p> <p><b>VMS MANAGEMENT OVERVIEW</b></p> <ul style="list-style-type: none"> <li>Begin Risk Communications about volunteer needs immediately; coordinate with the PIO/Joint Information System(JIS)</li> <li>Establish Communications with COAD &amp; affiliated volunteer groups/partners to maintain situational awareness</li> <li>Ensure that all expenses and staff/volunteer time, actions, etc. are documented/tracked</li> <li>IC/EOC determines the need for VMS Activation Level, VRC activation and/or the use of any online/virtual or phone registration systems.</li> <li>Establish VRC for level II/III and maintain communications with the Incident Commander; Emergency Operation Center; and Response Partners at the MEMA/MACC ESF 7 Volunteer Desks</li> <li>Manage volunteer expectations; establish and communicate Vol. policies</li> <li>Safely manage volunteer registration, credentialing, training, deployment, support, supervision, transportation, and safety/security</li> <li>Thank Volunteers and connect them to Recovery efforts through COAD</li> </ul>	<ul style="list-style-type: none"> <li>Confirm Volunteer Management System(VMS) response roles with IC &amp; activate</li> <li>Determine need for VMS/Volunteer Reception Center and Request Resources</li> <li>Activate Volunteer Reception/ Volunteer Reception Center (VRC)</li> <li>Coordinate with COAD (Community Organizations Active in Disasters) Organizations</li> <li>Provide Incident PIO Risk Communications/ Information on Volunteer needs</li> <li>Ensure Volunteer Safety</li> <li>Ensure coordination with IC/EOC</li> <li>Monitor Operations and Plan for next Operational Period</li> </ul>	
Incident Commander	DPH Duty Officer 617-339-8351 Epi on-call: 617- 983-6800	<b>WEBSITES</b>			
Logistics Section Chief	Public Health	DPH; <a href="http://www.mass.gov/dph">www.mass.gov/dph</a>			
Public Information Officer	MACC	CDC: <a href="http://www.cdc.gov">www.cdc.gov</a>			
COAD Liaison	MEMA	MEMA: <a href="http://www.mass.gov/mema">www.mass.gov/mema</a>			
VRC Liaison	Sheriff	FEMA: <a href="http://www.fema.gov">www.fema.gov</a>			
<b>VRC ICS</b>	State Police	MA Responds: <a href="http://www.maresponds.org">www.maresponds.org</a>			
VMS Director	HMCC	Western MA MRC: <a href="http://www.wmmrc.org">www.wmmrc.org</a>			
VRC Logistics/Building Manager	Red Cross	ARC: <a href="http://www.redcross.org/ma/springfield">www.redcross.org/ma/springfield</a>			
VRC Finance/Data	COAD	West. Homeland Council: <a href="http://www.wrhsac.org">www.wrhsac.org</a>			
Operations/VRC Supervisor	MRC	SORI: <a href="http://www.sorb.chs.state.ma.us">www.sorb.chs.state.ma.us</a>			
Planning	CERT				
<pre> graph TD     VMS_Director[VMS Director] --- PIO[PIO]     VMS_Director --- Safety[Safety]     PIO --- VRC_Planning[VRC Planning]     PIO --- VRC_Ops[VRC Operations - VRC Supervisor]     Safety --- VRC_Logistic[VRC Logistic - Building Manager]     Safety --- VRC_Finance[VRC Finance]                     </pre>					

Print on 8 1/2" x 14" paper. Trim on outside lines to 12 1/2" x 6 3/4", fold on vertical lines like an accordion, then fold in half (bringing short sides together) so that final folded document measures 2 1/8" x 3 1/2". Insert in PRReP™ Tyvek® envelope for protection. © 2006 Council of State Archivists (CoSA) May be customized and reproduced for distribution free of charge with credit to CoSA.

**SIDE B (Operations).** Use this side to setup and operate a Volunteer Reception Center or online Volunteer Registration System. These are the critical elements that should be available and activated as needed regardless of the location/methods used. Ensure that the IC/EOC have approved all your plans, policies and procedures before opening.

<p><b>VRC LOGISTICAL NEEDS</b></p> <ul style="list-style-type: none"> <li>○ Establish # of Vol needed for the VRC <ul style="list-style-type: none"> <li>○ number and length of shifts</li> </ul> </li> <li>○ Staff requirements: <ul style="list-style-type: none"> <li>○ credentialing, badging, confidentiality agreements</li> </ul> </li> </ul> <p><b>Identify VRC Facility Needs</b></p> <ul style="list-style-type: none"> <li>○ Security</li> <li>○ Tables, chairs, info boards,</li> <li>○ Data Management; Sign Boards</li> <li>○ Communication Capabilities <ul style="list-style-type: none"> <li>○ Phones/Phone Bank</li> <li>○ Internet; TV</li> <li>○ Computers, printers, projectors</li> <li>○ Radios/Ham Radio</li> </ul> </li> <li>○ EM Tracking System</li> <li>○ Parking/barriers</li> <li>○ Accessible; on transportation routes</li> <li>○ Staff Break Area/Basic Kitchen</li> <li>○ ADA accessible/toilets</li> <li>○ Optional: generator; HVAC</li> </ul> <p><b>Equipment and Supplies</b></p> <ul style="list-style-type: none"> <li>○ Tables and chairs</li> <li>○ Water &amp; snacks</li> <li>○ Copier</li> <li>○ Computers and printer</li> <li>○ Refrigerator</li> <li>○ Coffee Maker</li> <li>○ Bulletin board/dry erase board,</li> <li>○ Signs, easels</li> <li>○ Extension cords/power strips</li> </ul> <p><b>Office Supplies</b></p> <ul style="list-style-type: none"> <li>○ Paper, pens, pencils, highlighters</li> <li>○ Index cards/sticky notes</li> <li>○ File folders/labels/hangers</li> <li>○ Name tags</li> <li>○ Scissors</li> <li>○ Stapler/staples</li> <li>○ Envelopes</li> </ul>	<p><b>VRC STEPS</b></p> <ul style="list-style-type: none"> <li>○ Volunteers sign in as they arrive</li> <li>○ Welcome and thank volunteers</li> <li>○ Registration Process/Forms; Volunteer Instructions</li> <li>○ Credentialing Process; ID/Badge</li> <li>○ Training Area <ul style="list-style-type: none"> <li>○ Event Briefing (scope, safety, limitations, sequence, objectives, etc.)</li> <li>○ Review emergency procedures (sign in and out, evacuation, communications, 911, personal safety, etc.)</li> <li>○ Press/Media Rules (Do not comment to media, refer to PIO)</li> <li>○ Communications Protocols (radios, runners, cell phones, etc.)</li> </ul> </li> <li>○ Field Assignments (JAS, VAC, etc.) with awareness reminder to report to supervisor/leader</li> <li>○ Distribute appropriate badges or wrist bands, t-shirts, signage, vest</li> <li>○ Support: Transportation; Problems</li> <li>○ Demobilization: Back to Assignment or Retention/Release</li> </ul> <p><b>VRC STAFF INSTRUCTIONS</b></p> <ul style="list-style-type: none"> <li>○ Safety First! Call Security/9-1-1</li> <li>○ Always sign in/out</li> <li>○ Wear proper identification</li> <li>○ ICS Basics: Know who you report to and who reports to you.</li> <li>○ Use your Job Action Sheet</li> <li>○ Review safety alerts, situation updates and Incident Action Plan</li> <li>○ Maintain ICS 214 Action Log</li> <li>○ Understand how to complete all documents used at your station</li> <li>○ Take the time to do the task right</li> <li>○ Maintain your station with forms, supplies, equipment</li> <li>○ Take care of yourself and take breaks</li> <li>○ Brief your replacements</li> <li>○ Assist with demobilization and clean-up of your station</li> <li>○ Maintain ICS 214 Action Log</li> </ul>	<p><b>VRC AREAS</b></p> <p><b>Registration</b></p> <ul style="list-style-type: none"> <li>○ Welcome and thank volunteers</li> <li>○ Sign in /Roster: ICS 211</li> <li>○ Registration Instructions</li> <li>○ Information: Situational Awareness; Alerts; Site Safety; Opportunities; Volunteer Registration Instructions;</li> <li>○ FORM: Complete Registration Forms</li> </ul> <p><b>Credentialing</b></p> <ul style="list-style-type: none"> <li>○ Government issued photo ID copied</li> <li>○ Affiliation ID copied</li> <li>○ Credentials/Certifications copied</li> <li>○ Confirm all licenses, credentials, certifications</li> <li>○ CORI/CORI/VSOS</li> <li>○ Take Photo of Volunteer</li> <li>○ FORM: Issue Vol. Assign. Card (VAC)</li> </ul> <p><b>Training</b></p> <ul style="list-style-type: none"> <li>○ Sign in/out every time entering or leaving</li> <li>○ Check/sign Training Records; VAC</li> <li>○ Affiliated Volunteers may proceed to Assignment Desk as per IC</li> <li>○ Situational Awareness/Safety</li> <li>○ Basic Safety Training and Volunteer Risk Management</li> <li>○ Vol. JITT (Just-in-Time Training)</li> <li>○ Specific Job training as available</li> <li>○ FORM: Sign VAC</li> </ul> <p><b>Assignment</b></p> <ul style="list-style-type: none"> <li>○ Work with IC/EOC/Liaison/COAD to identify needed volunteers</li> <li>○ Discuss Job/Service options</li> <li>○ Assignments and Instructions</li> <li>○ Must carry VAC/Badge/photo ID at all times</li> <li>○ Volunteer Identifiers: vests, hats, shirts, wristbands, etc.</li> <li>○ Job Action Sheets, if available</li> <li>○ Handout demobilization instructions:</li> <li>○ Signing out</li> <li>○ Returning equipment/identifiers</li> <li>○ FORM: Issue Vol. Badge</li> </ul>	<p><b>Volunteer Support</b></p> <ul style="list-style-type: none"> <li>○ Transportation</li> <li>○ Troubleshooting and Support</li> <li>○ Supervision/Monitoring: work with Operations/Planning Resource Unit</li> <li>○ Monitor/record complaints, injuries and follow-up actions</li> </ul> <p><b>Demobilization/Exit/Retention</b></p> <ul style="list-style-type: none"> <li>○ Handout Exit Information</li> <li>○ Debrief and collect I reports/forms</li> <li>○ Psychological First Aid as needed and info on stress management</li> <li>○ Information on ongoing volunteer opportunities (MRC/DART)</li> <li>○ Service thank you</li> <li>○ Release/return badge</li> <li>○ Sign out</li> <li>○ Debriefing</li> <li>○ Evaluation</li> <li>○ Volunteer Retention: join affiliated</li> <li>○ Begin planning for closing &amp; recovery</li> </ul> <p><b>HVAC; utilities</b></p> <ul style="list-style-type: none"> <li>○ Sanitation</li> <li>○ Food/Water</li> <li>○ Heat/Air Conditioning</li> <li>○ Internet</li> <li>○ Phone systems</li> </ul> <p><b>Other Support Areas</b></p> <ul style="list-style-type: none"> <li>○ Data Management</li> <li>○ Facilities Management</li> <li>○ Security/Safety</li> <li>○ Access/parking</li> <li>○ Phone Bank/Questions/Recruitment</li> <li>○ Health Services/private area</li> <li>○ Staff Rest Area</li> <li>○ Command Staff Office/Administration and Finance</li> </ul>	<p><b>FORMS</b></p> <p><b>Registration</b></p> <p>all forms must be completed, signed, dated and witnessed by Registration Staff</p> <ul style="list-style-type: none"> <li>○ ICS 211 Sign-in Sheet</li> <li>○ Volunteer Registration Instructions</li> <li>○ Volunteer Registration Form</li> <li>○ Volunteer Code of Conduct &amp; FEMA Readiness Checklist</li> <li>○ Volunteer Confidentiality</li> <li>○ Volunteer Release and Waivers</li> <li>○ Call-Center Volunteer Intake Script</li> </ul> <p><b>Credentialing</b></p> <ul style="list-style-type: none"> <li>○ Volunteer Processing Checklist</li> <li>○ Volunteer Assignment Checklist</li> <li>○ Volunteer Assignment Card (VAC)</li> <li>○ CORI MAREsponds Acknowledge.</li> </ul> <p><b>Training</b></p> <ul style="list-style-type: none"> <li>○ JITT Attendance Log</li> <li>○ JITT Pocket Guide</li> </ul> <p><b>Assignment</b></p> <ul style="list-style-type: none"> <li>○ MAREsponds Request for Volunteers</li> <li>○ Volunteer Badge/Assignment Log</li> <li>○ Volunteer Badge</li> <li>○ Volunteer Equipment</li> <li>○ Volunteer Tracking Log</li> </ul> <p><b>Volunteer Support</b></p> <ul style="list-style-type: none"> <li>○ Incident Action Log</li> <li>○ Incident Report</li> <li>○ Complaint Report</li> <li>○ Transportation Request</li> </ul> <p><b>Volunteer Demobilization</b></p> <ul style="list-style-type: none"> <li>○ Volunteer Demobilization Instructions</li> <li>○ ICS 221 Demobilization</li> <li>○ MRC Information Poster</li> </ul>	<p><b>VOLUNTEER MESSAGES:</b></p> <ul style="list-style-type: none"> <li>○ Need/No Need for volunteers</li> <li>○ Special skills/resources needed:</li> <li>○ What to expect when volunteering:</li> <li>○ How/when to register to volunteer:</li> <li>○ What <u>not</u> to bring along: <ul style="list-style-type: none"> <li>○ Pets</li> <li>○ Children</li> <li>○ Drugs/alcohol</li> <li>○ Weapons</li> <li>○ Valuables</li> </ul> </li> <li>○ What to bring along: <ul style="list-style-type: none"> <li>○ Government Photo ID</li> <li>○ Affiliations/Professional Cred.</li> <li>○ Cell phone</li> <li>○ Contact information</li> <li>○ Personal supplies such as snacks, water, extra clothing, boots, flashlight,</li> </ul> </li> </ul> <p><b>COORDINATE WITH COAD</b></p> <p>Coordinate through the COAD Liaison Officer; Vol Task Force to recruit volunteers. The Following COAD subcommittees have been established:</p> <ul style="list-style-type: none"> <li>○ Animal Care</li> <li>○ Care Services (Respite/Case Manage)</li> <li>○ Debris Removal</li> <li>○ Financial Assistance</li> <li>○ Food</li> <li>○ Goods</li> <li>○ Health Care/ Spiritual/Mental</li> <li>○ Housing</li> <li>○ Professional Services</li> <li>○ Repair/Rebuilding</li> <li>○ Services for Special Populations</li> <li>○ Transportation</li> <li>○ Volunteers</li> </ul> <p><b>NOTES:</b></p>
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**SIDE A (Communications).** Use this side to collect phone numbers for the individuals and organizations you are most likely to need to talk to in the first minutes and hours after an emergency occurs: staff, emergency responders, facility managers, utilities, vendors, and assistance organizations.



Volunteer Reception Center Pocket Guide * SEE The WRHSAC Volunteer Management System Plan and Standard Operating Guide for more details, plans, forms, templates.					
COMMUNITY CONTACTS	OTHER CONTACTS	MUTUAL AID PARTNERS	VMS TRIGGERS	INITIAL ACTIONS	PUBLIC INFORMATION
Chief Elected Official	EMD		<ul style="list-style-type: none"><li>Need to manage large numbers of all types of volunteers.</li><li>Large numbers of spontaneous vol.</li><li>Prolonged incident response</li><li>Special skills; private resource needed</li><li>Request by EOC/MACC/HMCC/MEMA</li></ul>	<ul style="list-style-type: none"><li>Initial assessment of the event to determine the need for volunteers</li><li>Notify response partners</li><li>Establish command and control to ensure integration of volunteers</li><li>Coordinate risk communication with the IC/PIO to manage volunteer and public expectations</li><li>Assess logistical/resource needs</li><li>Establish a system to document all response actions and expenditure</li></ul>	<b>Begin Risk Communications about volunteers needs immediately</b> <ul style="list-style-type: none"><li>Only the PIO speaks to the Media</li><li>All messages approved by the IC</li><li>Manage volunteer expectations; communicate Volunteer policies</li><li>Work with PIO/JIS to communicate need for volunteers</li><li>Prepare messages for spontaneous volunteers (SUV).</li><li>Be ready for media enquiries about volunteers</li><li>Consider using social media to maintain contact with volunteers</li><li>Review/Revise the Risk Communication Plan/Media Policies with the EMD, PIO, CEO, JIS/JIC, based on the Incident Action Plan</li><li>Determine the essential messages/ public information</li><li>Determine communication channels</li><li>Develop and send initial holding messages for affiliated volunteers (MRC, CERT, COAD, ARC)<ul style="list-style-type: none"><li>This is an evolving emergency...we don't know the need for volunteers right now. Please do not self-deploy... Stand by for more info...</li><li>Local officials are investigating the situation</li><li>We will get back to you in 2 hrs.</li></ul></li><li>Communicate risks/rewards of volunteering</li><li>Work with COAD to communicate volunteer status and needs</li><li>Communicate ongoing need for volunteers or specific skills</li><li>Coordinate with Donation Mgmt.</li></ul>
VRC Facility Contact	Police				
INCIDENT ICS RELATED TO VRC	Fire				
Emergency Operation Center	EMS				
Incident Commander	DPH Duty Officer 617-339-8351 Epi on-call: 617- 983-6800	WEBSITES	<b>VMS RESPONSE CHECKLIST</b> After assessing the situation, follow these steps to manage SUVs.		
Logistics Section Chief	Public Health	DPH; <a href="http://www.mass.gov/dph">www.mass.gov/dph</a>	<b>VMS MANAGEMENT OVERVIEW</b> <ul style="list-style-type: none"><li>Begin Risk Communications about volunteer needs immediately; coordinate with the PIO/Joint Information System(JIS)</li><li>Establish Communications with COAD &amp; affiliated volunteer groups/partners to maintain situational awareness</li><li>Ensure that all expenses and staff/volunteer time, actions, etc. are documented/tracked</li><li>IC/EOC determines the need for VMS Activation Level, VRC activation and/or the use of any online/virtual or phone registration systems.</li><li>Establish VRC for level II/III and maintain communications with the Incident Commander; Emergency Operation Center; and Response Partners at the MEMA/MACC ESF 7 Volunteer Desks</li><li>Manage volunteer expectations; establish and communicate Vol. policies</li><li>Safely manage volunteer registration, credentialing, training, deployment, support, supervision, transportation, and safety/security</li><li>Thank Volunteers and connect them to Recovery efforts through COAD</li></ul>	<b>OPERATIONS: VRC</b> <ul style="list-style-type: none"><li>Confirm Volunteer Management System(VMS) response roles with IC &amp; activate</li><li>Determine need for VMS/Volunteer Reception Center and Request Resources</li><li>Activate Volunteer Reception/ Volunteer Reception Center (VRC)</li><li>Coordinate with COAD (Community Organizations Active in Disasters) Organizations</li><li>Provide Incident PIO Risk Communications/ Information on Volunteer needs</li><li>Ensure Volunteer Safety</li><li>Ensure coordination with IC/EOC</li><li>Monitor Operations and Plan for next Operational Period</li></ul>	
Public Information Officer	MACC	CDC: <a href="http://www.cdc.gov">www.cdc.gov</a>			
COAD Liaison	MEMA	MEMA: <a href="http://www.mass.gov/mema">www.mass.gov/mema</a>			
VRC Liaison	Sheriff	FEMA: <a href="http://www.fema.gov">www.fema.gov</a>			
VRC ICS	State Police	MA Responds: <a href="http://www.maresponds.org">www.maresponds.org</a>			
VMS Director	HMCC	Western MA MRC: <a href="http://www.wmmrc.org">www.wmmrc.org</a>			
VRC Logistics/Building Manager	Red Cross	ARC: <a href="http://www.redcross.org/ma/springfield">www.redcross.org/ma/springfield</a>			
VRC Finance/Data	COAD	West. Homeland Council: <a href="http://www.wrhsac.org">www.wrhsac.org</a>			
Operations/VRC Supervisor	MRC	SORI: <a href="http://www.sorb.chs.state.ma.us">www.sorb.chs.state.ma.us</a>			
Planning	CERT				



**SIDE B (Operations).** Use this side to setup and operate a Volunteer Reception Center or online Volunteer Registration System. These are the critical elements that should be available and activated as needed regardless of the location/methods used. Ensure that the IC/EOC have approved all your plans, policies and procedures before opening.

<div><b>VRC LOGISTICAL NEEDS</b><ul style="list-style-type: none"><li>Establish # of Vol needed for the VRC<ul style="list-style-type: none"><li>number and length of shifts</li></ul></li><li>Staff requirements:<ul style="list-style-type: none"><li>credentialing, badging, confidentiality agreements</li></ul></li></ul><div><b>Identify VRC Facility Needs</b><ul style="list-style-type: none"><li>Security</li><li>Tables, chairs, info boards,</li><li>Data Management; Sign Boards</li><li>Communication Capabilities<ul style="list-style-type: none"><li>Phones/Phone Bank</li><li>Internet; TV</li><li>Computers, printers, projectors</li><li>Radios/Ham Radio</li></ul></li><li>EM Tracking System</li><li>Parking/barriers</li><li>Accessible; on transportation routes</li><li>Staff Break Area/Basic Kitchen</li><li>ADA accessible/toilets</li><li>Optional: generator; HVAC</li></ul><div><b>Equipment and Supplies</b><ul style="list-style-type: none"><li>Tables and chairs</li><li>Water &amp; snacks</li><li>Copier</li><li>Computers and printer</li><li>Refrigerator</li><li>Coffee Maker</li><li>Bulletin board/dry erase board,</li><li>Signs, easels</li><li>Extension cords/power strips</li></ul><div><b>Office Supplies</b><ul style="list-style-type: none"><li>Paper, pens, pencils, highlighters</li><li>Index cards/sticky notes</li><li>File folders/labels/hangers</li><li>Name tags</li><li>Scissors</li><li>Stapler/staples</li><li>Envelopes</li></ul></div></div></div></div>	<div><b>VRC STEPS</b><ul style="list-style-type: none"><li>Volunteers sign in as they arrive</li><li>Welcome and thank volunteers</li><li>Registration Process/Forms; Volunteer Instructions</li><li>Credentialing Process; ID/Badge</li><li>Training Area<ul style="list-style-type: none"><li>Event Briefing (scope, safety, limitations, sequence, objectives, etc.)</li><li>Review emergency procedures (sign in and out, evacuation, communications, 911, personal safety, etc.)</li><li>Press/Media Rules (Do not comment to media, refer to PIO)</li><li>Communications Protocols (radios, runners, cell phones, etc)</li></ul></li><li>Field Assignments (JAS, VAC, etc.) with awareness reminder to report to supervisor/leader</li><li>Distribute appropriate badges or wrist bands, t-shirts, signage, vest</li><li>Support: Transportation; Problems</li><li>Demobilization: Back to Assignment or Retention/Release</li></ul><div><b>VRC STAFF INSTRUCTIONS</b><ul style="list-style-type: none"><li>Safety First! Call Security/9-1-1</li><li>Always sign in/out</li><li>Wear proper identification</li><li>ICS Basics: Know who you report to and who reports to you.</li><li>Use your Job Action Sheet</li><li>Review safety alerts, situation updates and Incident Action Plan</li><li>Maintain ICS 214 Action Log</li><li>Understand how to complete all documents used at your station</li><li>Take the time to do the task right</li><li>Maintain your station with forms, supplies, equipment</li><li>Take care of yourself and take breaks</li><li>Brief your replacements</li><li>Assist with demobilization and clean-up of your station</li><li>Maintain ICS 214 Action Log</li></ul></div></div>	<div><b>VRC AREAS</b><div><b>Registration</b><ul style="list-style-type: none"><li>Welcome and thank volunteers</li><li>Sign in /Roster: ICS 211</li><li>Registration Instructions</li><li>Information: Situational Awareness; Alerts; Site Safety; Opportunities; Volunteer Registration Instructions;</li><li>FORM: Complete Registration Forms</li></ul></div><div><b>Credentialing</b><ul style="list-style-type: none"><li>Government issued photo ID copied</li><li>Affiliation ID copied</li><li>Credentials/Certifications copied</li><li>Confirm all licenses, credentials, certifications</li><li>CORI/CORI/VSOS</li><li>Take Photo of Volunteer</li><li>FORM: Issue Vol. Assign. Card (VAC)</li></ul></div><div><b>Training</b><ul style="list-style-type: none"><li>Sign in/out every time entering or leaving</li><li>Check/sign Training Records; VAC</li><li>Affiliated Volunteers may proceed to Assignment Desk as per IC</li><li>Situational Awareness/Safety</li><li>Basic Safety Training and Volunteer Risk Management</li><li>Vol. JITT (Just-in-Time Training)</li><li>Specific Job training as available</li><li>FORM: Sign VAC</li></ul></div><div><b>Assignment</b><ul style="list-style-type: none"><li>Work with IC/EOC/Liaison/COAD to identify needed volunteers</li><li>Discuss Job/Service options</li><li>Assignments and Instructions</li><li>Must carry VAC/Badge/photo ID at all times</li><li>Volunteer Identifiers: vests, hats, shirts, wristbands, etc.</li><li>Job Action Sheets, if available</li><li>Handout demobilization instructions:</li><li>Signing out</li><li>Returning equipment/identifiers</li><li>FORM: Issue Vol. Badge</li></ul></div></div>	<div><b>Volunteer Support</b><ul style="list-style-type: none"><li>Transportation</li><li>Troubleshooting and Support</li><li>Supervision/Monitoring: work with Operations/Planning Resource Unit</li><li>Monitor/record complaints, injuries and follow-up actions</li></ul><div><b>Demobilization/Exit/Retention</b><ul style="list-style-type: none"><li>Handout Exit Information</li><li>Debrief and collect I reports/forms</li><li>Psychological First Aid as needed and info on stress management</li><li>Information on ongoing volunteer opportunities (MRC/DART)</li><li>Service thank you</li><li>Release/return badge</li><li>Sign out</li><li>Debriefing</li><li>Evaluation</li><li>Volunteer Retention: join affiliated</li><li>Begin planning for closing &amp; recovery</li></ul></div><div><b>HVAC; utilities</b><ul style="list-style-type: none"><li>Sanitation</li><li>Food/Water</li><li>Heat/Air Conditioning</li><li>Internet</li><li>Phone systems</li></ul></div><div><b>Other Support Areas</b><ul style="list-style-type: none"><li>Data Management</li><li>Facilities Management</li><li>Security/Safety</li><li>Access/parking</li><li>Phone Bank/Questions/Recruitment</li><li>Health Services/private area</li><li>Staff Rest Area</li><li>Command Staff Office/Administration and Finance</li></ul></div></div>	<div><b>FORMS</b><div><b>Registration</b><p>(all forms must be completed, signed, dated and witnessed by Registration Staff</p><ul style="list-style-type: none"><li>ICS 211 Sign-in Sheet</li><li>Volunteer Registration Instructions</li><li>Volunteer Registration Form</li><li>Volunteer Code of Conduct &amp; FEMA Readiness Checklist</li><li>Volunteer Confidentiality</li><li>Volunteer Release and Waivers</li><li>Call-Center Volunteer Intake Script</li></ul></div><div><b>Credentialing</b><ul style="list-style-type: none"><li>Volunteer Processing Checklist</li><li>Volunteer Assignment Checklist</li><li>Volunteer Assignment Card (VAC)</li><li>CORI MAREsponds Acknowledge.</li></ul></div><div><b>Training</b><ul style="list-style-type: none"><li>JITT Attendance Log</li><li>JITT Pocket Guide</li></ul></div><div><b>Assignment</b><ul style="list-style-type: none"><li>MAREsponds Request for Volunteers</li><li>Volunteer Badge/Assignment Log</li><li>Volunteer Badge</li><li>Volunteer Equipment</li><li>Volunteer Tracking Log</li></ul></div><div><b>Volunteer Support</b><ul style="list-style-type: none"><li>Incident Action Log</li><li>Incident Report</li><li>Complaint Report</li><li>Transportation Request</li></ul></div><div><b>Volunteer Demobilization</b><ul style="list-style-type: none"><li>Volunteer Demobilization Instructions</li><li>ICS 221 Demobilization</li><li>MRC Information Poster</li></ul></div></div>	<div><b>VOLUNTEER MESSAGES:</b><ul style="list-style-type: none"><li>Need/No Need for volunteers</li><li>Special skills/resources needed:</li><li>What to expect when volunteering:</li><li>How/when to register to volunteer:</li><li>What <u>not</u> to bring along:<ul style="list-style-type: none"><li>Pets</li><li>Children</li><li>Drugs/alcohol</li><li>Weapons</li><li>Valuables</li></ul></li><li>What to bring along:<ul style="list-style-type: none"><li>Government Photo ID</li><li>Affiliations/Professional Cred.</li><li>Cell phone</li><li>Contact information</li><li>Personal supplies such as snacks, water, extra clothing, boots, flashlight,</li></ul></li></ul><div><b>COORDINATE WITH COAD</b><p>Coordinate through the COAD Liaison Officer; Vol Task Force to recruit volunteers. The Following COAD subcommittees have been established:</p><ul style="list-style-type: none"><li>Animal Care</li><li>Care Services (Respite/Case Manage)</li><li>Debris Removal</li><li>Financial Assistance</li><li>Food</li><li>Goods</li><li>Health Care/ Spiritual/Mental</li><li>Housing</li><li>Professional Services</li><li>Repair/Rebuilding</li><li>Services for Special Populations</li><li>Transportation</li><li>Volunteers</li></ul></div><div><b>NOTES:</b></div></div>
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**VOLUNTEER MANAGEMENT SYSTEM**  
**Volunteer Reception Center ICS Positions**

STATION	ROLE	RESPONSIBLE POSITION
Operations	Overall Management and link to EOC	VMS Director VRC Supervisor
Finance	Maintain all volunteer time and costs	Finance Manager, Time Unit, Cost Unit
Safety /Security Station	Ensure vol and facility safety	Safety / Security Officer
Public Information	Messaging to volunteers and ICS	PIO
VRC Liaison	Link to EOC	At EOC
Logistics	Ensure VRC resources available	
Registration Area	Welcome, orientation, registration	Recruitment Unit Leader Registration Team Leader
Credential Verification	ID, credentials, background checks	Recruitment Unit Leader Credential Team Leader
Training	Basic, safety and other JITT as available	Recruitment Unit Leader Training Team Leader
Assignment	Match volunteers with available assignments	Volunteer Unit Leader Assignment Team Leader
Volunteer Support	Trouble shooting, transportation	Volunteer Unit Leader Support Team Leader
Demobilization	Debriefing, volunteer evaluation, retention and follow-up	Volunteer Unite Leaders Demobilization Team Leader
Medical/Behavior Health Area	Staff and volunteer support	May be off-site or managed by MRC, EMS, or Mental Health Teams
Communications	Ensure ability to communicate within the VRC and with EOC and public and partners	Logistics: Communications Unit
Supply/Receiving/Logistics	Logistical support for the VRC	Logistics
Staffing and Break Area	Quiet area for VRC staff with food and other supplies	Logistics

**VOLUNTEER MANAGEMENT SYSTEM**  
**ICS 203 – Organizational Assignment List**

<b>ORGANIZATION ASSIGNMENT LIST</b>		<b>1. INCIDENT NAME</b>	<b>2. DATE PREPARED</b>	<b>3. TIME PREPARED</b>
<b>POSITION</b>	<b>NAME</b>	<b>4. OPERATIONAL PERIOD (DATE/TIME)</b>		
<b>5. INCIDENT COMMAND AND STAFF</b>		<b>9. OPERATIONS SECTION</b>		
Incident Commander		Chief		
Deputy		Deputy		
Safety Officer		<b>A. Branch I- Division/Groups</b>		
Information Officer		Branch Director		
Liaison Officer		Deputy		
VMS Liaison		Division/Group		
COAD Liaison		Division/ Group		
<b>6. AGENCY REPRESENTATIVES</b>	Division/ Group	Division/Group		
<b>AGENCY</b>	<b>NAME</b>	Division /Group		
		<b>B. Branch Ii- Divisions/Groups</b>		
		Branch Director		
		Deputy		
		Division/Group		
<b>7. PLANNING SECTION</b>		Division/Group		
Chief		Division/Group		
Deputy				
Resources Unit		<b>C. Branch Iii- Divisions/Groups</b>		
Situation Unit		Branch Director		
Documentation Unit		Deputy		
Demobilization Unit		Division/Group		
Technical Specialists		Division/Group		
<b>8. LOGISTICS SECTION</b>				
Chief				
Deputy				
<b>a. SUPPORT BRANCH</b>				
Director				
Supply Unit				
Facilities Unit		<b>10. FINANCE/ADMINISTRATION SECTION</b>		
Ground Support Unit		Chief		
VMS Director		Deputy		
		Time Unit		
<b>b. SERVICE BRANCH</b>		Procurement Unit		
Director		Compensation/Claims Unit		
Communications Unit		Cost Unit		
Medical Unit				
<b>Food Unit</b>				
<b>PREPARED BY (RESOURCES UNIT)</b>				

**VOLUNTEER MANAGEMENT SYSTEM**  
**Volunteer Reception Center Security Plan**

CATEGORY	TASK	DETAILS
<b>Training</b>		
	<input type="checkbox"/> Conduct Just-In-Time training for public safety personnel on the specific security requirements	
	<input type="checkbox"/> Conduct Just-In-Time training on badging procedures (should include name, role venue, access, volunteer	See Policy Worksheet See Badging Policy
<b>Interior Security</b>		
	<input type="checkbox"/> Conduct security sweep prior to facility use/occupancy by staff	
	<input type="checkbox"/> Establish law enforcement officer posts	See Shelter Plan Maps
	<input type="checkbox"/> Control access to locations within the facility	See Shelter Plan Maps
	<input type="checkbox"/> Crowd control inside the facility	
<b>Exterior Security</b>		
	<input type="checkbox"/> Determine resource needs (e.g. additional physical barriers, lighting)	
	<input type="checkbox"/> Implement vehicular traffic control (ingress and egress)	See Shelter Maps
	<input type="checkbox"/> Establish access control to facility/facilities	See Shelter Plan
<b>Command And Management</b>		
	<input type="checkbox"/> Establish command center for law enforcement	See Shelter Plan
	<input type="checkbox"/> Determine radio channels	See Communication Plan
	<input type="checkbox"/> Establish security staffing needs (officers and non-professional, e.g. CERT)	
	<input type="checkbox"/> Establish security staffing shifts	
<b>Other Security Issues</b>		
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<b>Other</b>	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

**VOLUNTEER MANAGEMENT SYSTEM**  
**Volunteer Reception Center Signs**

**THE FOLLOWING SIGNS ARE SUGGESTED:**

<b>Volunteer Reception Center</b>	Large outside banner/electronic signs
<b>Registration</b>	Registration Area
<b>Credentialing</b>	Credentialing Area
<b>Training</b>	Training Area
<b>Support Unit</b>	Trouble Desk
<b>Data/Agency Coordination</b>	On door of separate room
<b>Directional Arrows</b>	Where needed
<b>Incident Command</b>	Separate room or desk
<b>No Entrance</b>	As needed
<b>No Exit</b>	As needed
<b>Prohibited: Photography Smoking, Video Or Sound Recording Pets, Cell phones</b>	At registration area
<b>First Aid</b>	Separate room or area
<b>Break Room</b>	Separate room
<b>Staff Only</b>	At break area
<b>Restrooms</b>	As needed
<b>Staff Check-In/Out Area</b>	

**VOLUNTEER MANAGEMENT SYSTEM**  
**VRC Facility Assessment Checklist**

Facility Name:				Capacity:						
Facility Address:				Facility Phone #:						
VRC Representative:				Contact Information:						
Facility Representative:				Contact Information:						
Date Of Facility Opening Assessment:				Date Of Facility Closing Assessment:						
Is there a written a written agreement for use of the facility? Comments:				<b>VRC Opening</b>			<b>VRC Closing</b>			ADDITIONAL COMMENTS
				Y	N	NA	Y	N	NA	
Fire Safety & Building Security	Are fire extinguishers inspected?									
	Are fire sprinklers functional?									
	Is fire alarm active?									
	All lights working properly?									
	Are fire exits visible; free of clutter?									
	Is the building secure?									
Utilities	Test the lights. Any not working?									
	Is emergency generator working?									
	Date of last inspection:									
	Fuel remaining in the tank:									
	Are you able to refuel it?									
	Is emergency lighting working?									
Water	Is there adequate drinking water?									
Sanitation	Are there adequate toilets?									
HVAC	Is the facility able to provide adequate heating/cooling?									
Communications	Are the phones available/working?									
	Is there internet available/working?									
Accessibility	Identify any outstanding accessibility issues that need to be addressed before VRC Operations: <ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>									
Is the facility clean, neat and orderly?										
Any Damage Or Additional Comments Before Shelter Opening:										
Any Damage Or Additional Comments <u>After</u> Shelter Closing:										
Signature for VRC:					Signature for Facility:					

## VOLUNTEER MANAGEMENT SYSTEM

### ICS 205B- Personnel & Communications List

1. Incident Name	How to use this form
2. Date      3. Time	Purpose: Records responders working in this operational period and methods of contacting them. Add rows as needed.
4. Operational Period.	When to fill out: At the start of an operational period; upon assignment of communications equipment. Update as appropriate.
5. Prepared by: Name: Position:	Completed by: personnel/volunteer unit leader and communications unit leader
6. Approved by: Name: Position:	Send to: At start of operational period: to all responders as a component of the Incident Action Plan During operational period: to all responders as needed
	Approved by: Logistics section chief
	Note Well: Revise to reflect scope and nature of the emergency This form contains multiple pages

#### Basic Communication Information

STATION	NAME	ROOM	EMAIL	PHONE	CELL / RADIO #	LANGUAGE	OTHER
Command							
Incident Commander							
Information Officer							
Safety Officer							
Liaison Officer							
VOAD Liaison							
VMS Liaison							
Plans Section							
Demobilization Unit							
Logistics Section							
Logistics Section Manager							
Service Branch							
Service Branch Chief							
Communication Unit Leader							Continued...
Food Unit Leader							
VMS Director							
Support Branch							
Support Branch Manager							

Facilities Unit Leader

Supplies Unit Leader

Donation Unit Leader

Finance Section

Finance Section Chief

Time Tracking Unit Leader

Cost Unit Leader

Operations Section

## VOLUNTEER RECEPTION CENTER

Registration Team Leader

Credentialing Team Leader

Assignment Unit Leader

Training Unit Leader

Support Unit Leader

Demobilization Unit  
Leader

Facilities Unit Leader

Data Unit Leader



**VOLUNTEER MANAGEMENT SYSTEM**  
**Volunteer Reception Center Partner Contact List**

**Fill out emergency contact information. Add rows specific to your needs/location.**

NAME	PHONE NUMBER	EMERGENCY NUMBER
Animal Control Officer		
Local EMT		
Local Fire		
Local Health		
Local Emergency Management Director		
Local Police		
Army National Guard at Barnes Air Force Base		
Bureau of Animal Health		
Channel 22		
Channel 3		
Channel 40		
Charlie Kaniecki: District Health Officer	413-586-7525 ext. 1167	or (800) 445-1255
Closest State Police Barracks		
Cooley Dickinson Hospital		
Daily Hampshire Gazette		
DEP Office/Departments	413-784-1100	Emergency: (617) 727-3200
Department of Mental Health	413-587-6265	
Department of Social Services	800-841-2692	
Don Snyder: Regional Emergency Preparedness Coordinator	413-586-7525 ext. 1117	Cell: (413) 326-1051
DPH Lab	617-983-6201	Emergency: (617) 983-6800
DPH Northampton	413-586-7525	
Gail Bienvenue-Mailhott: Regional Hospital Coordinator	413- 586-7525 ext. 1161	Nextel: (617) 438-1466
Hazmat Team	Call dispatch	
IMAT Team		
MEMA Region 3 and 4		
MMRS Springfield Metropolitan Medical Response System: Bob Hassett	(413) 787-6720	<a href="mailto:rhassett@springfieldcityhall.com">rhassett@springfieldcityhall.com</a> mobile: (413) 454-5175
National Disaster Medical System Representative: Gary J. Kleinman (Supervisor)	617-565-1159	

## VOLUNTEER MANAGEMENT SYSTEM

### Volunteer Reception Center Supply List

[illegible]

**VOLUNTEER MANAGEMENT SYSTEM**  
**Volunteer Reception Center Communication Resources**

**Pre-identify tactical communication resources available to the Volunteer Reception Center. Ensure that VRC staff is able to get support or information about the correct use of communications equipment.**

**This survey should be reviewed by the volunteer manager and a facility representative at the walk-through prior to opening the Volunteer Reception Center.**

**Check all that apply. List the name and phone number of personnel who can answer questions about the use of each resource.**

✓	ITEM	CONTACT NAME	PHONE
<input type="checkbox"/>	Intercom system		
<input type="checkbox"/>	Handheld radios		
	Number of radios for VCR use:		
	Number and location of chargers:		
<input type="checkbox"/>	Bull horn		
<input type="checkbox"/>	Telephone systems (note any special instructions)		
<input type="checkbox"/>	Fax machine/landline		
	Number:		
<input type="checkbox"/>	Internet access		
<input type="checkbox"/>	Guest Wi-Fi access for volunteers		
	Username:		
	Password:		
<input type="checkbox"/>	Signage (note the type of signage, where stored, if key is needed, etc.)		
<input type="checkbox"/>	Ham radio operators		
<input type="checkbox"/>			



2016

# SVMS Data Management Forms 38-42



<b>VOLUNTEER MANAGEMENT SYSTEM</b> <b>ICS 213 – General Message/Resource Request</b>		
1. Incident Name:	<b>How to use this form:</b>	
2. Date	3. Time	<b>Purpose:</b> <ul style="list-style-type: none"> <li>Transmit any messages from one responder to another (usually used in conjunction with a runner)</li> <li>To transmit any personnel or resource request</li> </ul>
4. Operational Period:		<ul style="list-style-type: none"> <li><b>When to fill out</b> :Anytime</li> </ul>
5. From: Name: Position:		<b>Completed by:</b> Any VRC staff
6. To: Name: Position:		<b>Approved by:</b> <ul style="list-style-type: none"> <li>Resource requests for personnel or large amount of resources must be approved by Branch-level Director</li> </ul>
		<ul style="list-style-type: none"> <li><b>Send to: Messages:</b> intended recipients  <i>Resource Requests:</i> Branch-level Director → Section Chief → Logistics Section</li> </ul>
7. Subject:		
8. Message:		
9. Resource Request:		
10. Reply:		
11. Date and Time of reply:		
12. Person replying: Position:		

## VOLUNTEER MANAGEMENT SYSTEM

### Finance Tracking Form

Date/ Time	Person Requesting	Item	Description/Additional Comments/ Priority	Source/ Vendor	Approved by/ Funding Stream	Est. Cost/ ETA
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[illegible]

## VOLUNTEER MANAGEMENT SYSTEM ICS 214 – Unit Activity Log (modified)

**Directions:**

Use the Activity Log to record Unit activities and actions taken during an operational period. Note the date as well if the operational period covers more than one day. Activities described may include notable occurrences or events such as task assignments, task completions, etc.

**Directions:**

Use the Activity Log to record Unit activities and actions taken during an operational period. Note the date as well if the operational period covers more than one day. Activities described may include notable occurrences or events such as task assignments, task completions, etc.

Prepared By:

Incident Name:

Supervisor: \_\_\_\_\_

Operational Period:
---------------------

[illegible]



[ORGANIZATION NAME]

[Address, City, ST ZIP Code]

[Telephone] | [Web Address]

(Add Logo Here)

---

THANK  
YOU!

[ORGANIZATION NAME]

[Address, City, ST ZIP Code]

[Telephone] | [Web Address]

(Add Logo Here)

---

THANK  
YOU!

# MINOR VOLUNTEER LIABILITY RELEASE FORM

## Parental Consent Form

(Note: All liability forms should be reviewed by a legal counsel)

*\* If you 18 or over, you do NOT need parental consent. If a child has more than one parent or guardian, singular references should be read as plural and both parents/guardians must fill out and sign this form.*

I, the parent or guardian of \_\_\_\_\_ give my voluntary consent to his/her participation in (Agency) 's (Program Name), (Dates).

I understand the inherent risks associated with any volunteer activities, especially during emergencies, including but not limited to broken bones, contusions, sprains, concussions, paralysis, and death, and I hereby release (Agency), the State of Massachusetts, the Town/City of (Town), the Board of Directors, (Partner A), (Partner B), and their officers, employees and agents from any and all liability resulting from the emergency or events beyond their reasonable control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release (Agency), the State of Massachusetts, the Town/City of (Town), the Board of Directors, (Partner A), (Partner B), and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Age

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date and Address

\_\_\_\_\_  
Printed Name of Parent/Guardian

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number and Email

\_\_\_\_\_  
Alternate Contact

\_\_\_\_\_  
Phone Number and Email

## Participant Waiver Form

In consideration for participating in (Program Name), during (Dates), I assume responsibility for all my actions while participating at facilities, traveling to and/or from any such facility, or engaged in an activity under the supervision of my adult team leader, and/or (Agency) staff and volunteers.

Furthermore, I (Agency), the State of Massachusetts, Town/City of (Town), the Board of Directors, (Partner A), (Partner B), and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date