

MANAGEMENT OF SPONTANEOUS VOLUNTEERS:



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Will County Emergency Management Agency
302 North Chicago Street
Joliet, IL 60432



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

TABLE OF CONTENTS

PURPOSE 1

CONCEPT OF EMERGENCY OPERATIONS..... 1

SPONTANEOUS VOLUNTEERS MANAGEMENT OBJECTIVES 1

DIRECTION AND CONTROL 3

ATTACHMENTS 4

 ATTACHMENT 1 – Spontaneous Volunteer Center 6

 EQUIPMENT NEEDS & SET-UP 6

 SAMPLE FLOOR PLAN 7

 VOLUNTEER INSTRUCTIONS 8

 ATTACHMENT 2 – Spontaneous Volunteer Center Job Action Checklists 9

 REGISTRATION 10

 SCREENING 11

 TRAINING..... 12

 SUPPORT SERVICES 13

 ATTACHMENT 3 - Spontaneous Volunteer Communications 14

 ATTACHMENT 4 - Spontaneous Volunteer Application 15

 ATTACHMENT 5 - Spontaneous Volunteer Position Descriptions..... 22

 ATTACHMENT 6 - Volunteer Assignment Agreement & Assignment Information Sheet 30

 ATTACHMENT 7 - Volunteer Identification 33

 ATTACHMENT 8 - Volunteer Request Form 34

 ATTACHMENT 9 - Supervisor’s Roster of Assigned Volunteers 36

 ATTACHMENT 10 - Safety Reminders & Accident/Injury/Illness Exposure Report 38

 ATTACHMENT 11 - Supervision 44

 ATTACHMENT 12 - Debriefing, Evaluation, & Dismissal of Volunteers..... 45

 ATTACHMENT 13 - Statutes Regarding Protection for Volunteers 50

 ATTACHMENT 14 - REFERENCES 51



Will County Emergency Management Agency Management of Spontaneous Volunteers: A Tool Kit for Local Communities

PURPOSE

As we have seen in local and national emergencies, people within and outside a community naturally come together to support those who have been affected by the disaster. These well-meaning volunteers who spontaneously offer their help are known as *Spontaneous Volunteers*. They willingly offer their services without expectation of financial compensation.

Though well-meaning, unsolicited volunteers often overwhelm local government and community agencies following a disaster with offers to help. A Spontaneous Volunteer Management Plan allows a community to direct the talents and energy of spontaneous volunteers in disaster response and relief efforts. These spontaneous volunteers can then be an asset to an emergency response operation when they are effectively managed.

As an extension of the *Will County Emergency Operations Plan – ESF #7 – Resource Management – Appendix 1: Spontaneous Volunteers & Donations/Needs Plan*, this document provides a guide to local communities for the management of spontaneous volunteers during emergencies that are not large enough to initiate the county's *Spontaneous Volunteers & Donations/Needs Plan*. Its purpose is to assist local responders to utilize the skills of spontaneous volunteers in a manner that allows the local responders to effectively and efficiently respond to the emergency/disaster.

CONCEPT OF EMERGENCY OPERATIONS

By Illinois law, local government is ultimately responsible for the protection of life and property. Thus, local officials are responsible for insuring that disaster response and recovery operations are effective. Providing effective spontaneous volunteer management is one of those critical functions.

SPONTANEOUS VOLUNTEERS MANAGEMENT OBJECTIVES

Instituting procedures to effectively manage spontaneous volunteers prior to an emergency/disaster allows local responders to identify when and how to use the services of spontaneous volunteers. By establishing objectives and methods of process, potential volunteers can be identified, tracked, and recognized for their service. The ultimate outcome is the efficient placement of spontaneous volunteers within the emergency response operation.

Objectives should address the following issues:

- ✦ Institute a *Volunteer Coordinator* position within your municipality/agency staffed by an employee or volunteer with the responsibility to:
 - ◆ Develop and implement a Spontaneous Volunteer Management Plan determining priority needs and roles prior to an event. Relevant elements to address in this plan include:
 - Municipality/Agency Needs
 - Specific Volunteer Functions/Tasks
 - Staff Leadership Ability
 - Policies and Procedures
 - Liability Coverage
 - Plan Implementation



Will County Emergency Management Agency Management of Spontaneous Volunteers: A Tool Kit for Local Communities

- ◆ Orient, train, and exercise staff/volunteers who are most likely to staff a Volunteer Center.
 - ◆ Activate, when directed, the Spontaneous Volunteer Management Plan.
 - ◆ Set-up and oversee the operations of a Volunteer Center to screen and check-in/out assigned volunteers.
 - ◆ Work in conjunction with human resources or outside volunteer agencies to determine the training and experience levels of needed volunteers and document opportunities.
 - ◆ Organize and maintain records/documentations of the Spontaneous Volunteer Management Plan.
- ↪ Prepare communications that can be given to spontaneous volunteers or used in community news releases that explain when and how the skills of potential volunteers are used in local emergency response operations.
- ◆ Communications can be written (brochures or articles in community newsletters), verbal (community presentations or radio spots), or electronic (website item).
 - ◆ Include information about existing volunteer programs within the community that may be of future interest to the spontaneous volunteers.
- ↪ When an incident occurs, identify the needs of the emergency response operation and the appropriateness to utilize spontaneous volunteers.
- ◆ In what way can volunteers participate in the response operation?
 - ◆ Are specialized skills or training needed to participate in the response?
 - ◆ Can volunteers be trained and/or educated in a short period of time to effectively assist in the response?
 - ◆ Are there sufficient numbers of trained responders to oversee the activities of accepted volunteers?
- ↪ Establish a Volunteer Center location(s) for application, screening, check-in, briefings, deployment, and check-out of volunteers.
- ◆ Accepted volunteers can check-in at this location at the beginning of their volunteer service where they may receive their identification, assignment, and any equipment they might need.
 - ◆ If available, utilize resource buses to move volunteers to and from the incident scene.
 - ◆ When volunteers check-out at the end of their service, they are to return their identification, turn in equipment assigned to them, and be debriefed.
 - ◆ Debriefing should assess whether or not the volunteer has been stressed by their experience and in need of counseling.
 - ◆ Debriefing should also make the volunteer aware that any information they may have obtained during their service is to remain confidential.
- ↪ Establish a phone number that spontaneous volunteers can call for information or a location they can report to in order to offer their services. Be sure not to use a main telephone or fax number in order to avoid inundation of those lines.



Will County Emergency Management Agency Management of Spontaneous Volunteers: A Tool Kit for Local Communities

- ↪ Identify the spontaneous volunteers.
 - ◆ Ensure that volunteers complete a sign-in sheet which at a minimum includes their name, complete address, and telephone number. If appropriate or necessary, have the volunteers complete an application that contains not only basic information about themselves but also information concerning the skills they possess.
 - ◆ Require that volunteers provide at a minimum one piece of identification that include their name, address and their picture, preferably a state identification card.
 - ◆ If the volunteer is a minor, make sure that a parent or guardian is with them.

- ↪ Match the needs of the emergency response operation with the identified skills and training of the registered spontaneous volunteers.

- ↪ Accept the services of the registered volunteers whose skills and training meet the needs of the emergency response operation and that allow an effective and efficient response.
 - ◆ Establish the terms under which the accepted volunteers will work and ask them to acknowledge in writing what their assignment entails and their agreement to abide with all instructions.
 - ◆ Make it implicitly clear that any volunteer who does not comply with all instructions will be immediately released from their volunteer assignment.
 - ◆ Thank those spontaneous volunteers who were not needed for the response operation and encourage them to consider offering their services to existing volunteer programs.

- ↪ For those spontaneous volunteers accepted to assist in the emergency response operation, utilize an identification system that specifies the response operation, identifies the volunteer, and records the assignment of each volunteer.
 - ◆ The completed paperwork for each volunteer should include this information.
 - ◆ Wrist bands can be utilized to allow responders to track volunteers, to ensure volunteers are with their assigned supervisor, and to verify volunteers are in their assigned locations.

- ↪ Be sure to thank volunteers who have served at the end of their service and recognized them in an appropriate manner for sharing their skills and training.

DIRECTION AND CONTROL

The Incident Commander has the responsibility to establish a system for the management of spontaneous volunteers. Establishing a Spontaneous Volunteer Management Plan ahead of time allows the Incident Commander to activate the plan quickly and effectively. The appointed Volunteer Coordinator can then be responsible for screening and assigning accepted volunteers, tracking assigned volunteers, and recognizing volunteers for their service.

Your local Emergency Management Agency has the responsibility of supporting the activities of the local first responders as appropriate and as directed by the Incident Commander in charge of the emergency response operation.



Will County Emergency Management Agency Management of Spontaneous Volunteers: A Tool Kit for Local Communities

ATTACHMENTS

The following attachments include guidance on how to establish procedures for effectively managing spontaneous volunteers and samples that may prove helpful in the management process.

- Attachment 1 - Spontaneous Volunteer Center
- Attachment 2 - Spontaneous Volunteer Center Job Action Checklists
- Attachment 3 - Spontaneous Volunteer Communications
- Attachment 4 - Spontaneous Volunteer Application
- Attachment 5 - Spontaneous Volunteer Position Descriptions
- Attachment 6 - Volunteer Assignment Agreement & Assignment Information Sheet
- Attachment 7 - Volunteer Identification
- Attachment 8 - Volunteer Request Form
- Attachment 9 - Supervisor's Roster of Assigned Volunteers
- Attachment 10 - Safety Reminders and Accident – Injury – Illness Exposure Report
- Attachment 11 - Supervision
- Attachment 12 - Debriefing and Evaluation of Volunteers
- Attachment 13 - Statutes Regarding Protection for Volunteers
- Attachment 14 - References



ATTACHMENTS



ATTACHMENT 1

SPONTANEOUS VOLUNTEER CENTER: EQUIPMENT NEEDS & SET-UP

Sign-up should occur at a municipal or community building and should be advertised as such. The minimum requirements should include:

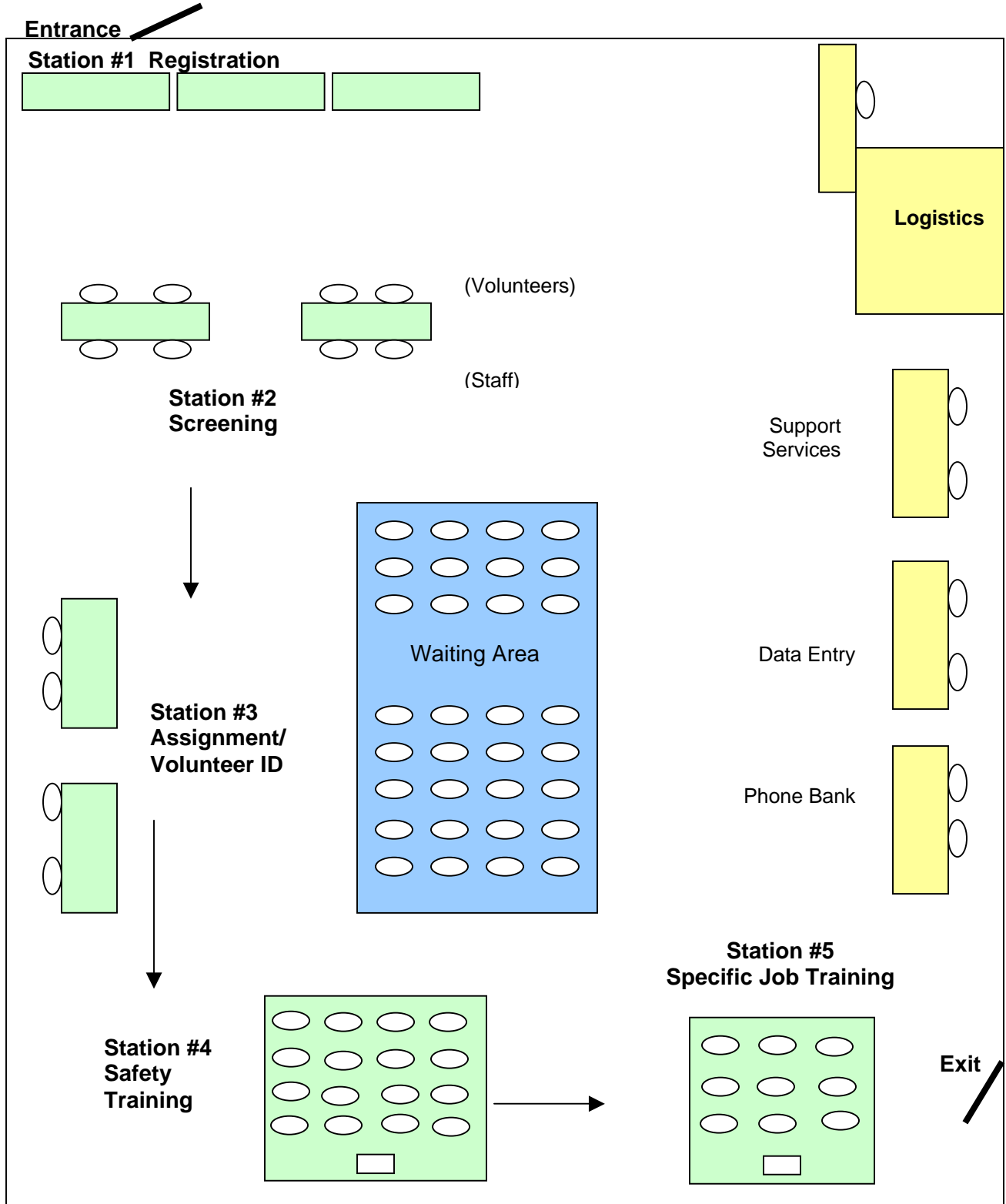
1. A location for the Spontaneous Volunteer Center that is removed as far as possible from the incident site
2. A location readily identifiable for the public
3. A secure site
4. Ample parking
5. Handicapped accessibility
6. A facility with public restrooms
7. Telephones, fax, and/or internet capability available as needed
8. Supplies needed for processing spontaneous volunteers pre-assembled as a "go kit" to be transported to the Volunteer Center

Samples:

- ◆ Clip boards
 - ◆ Stapler and staples, paper clips, Scotch and masking tape
 - ◆ Pens, markers, highlighters, dry erase markers and erasers
 - ◆ Copy paper, name tags, post-it notes, printed signs
 - ◆ Emergency phone lists, city and county maps
 - ◆ Forms - registration, safety briefings, request forms, job action check-lists
 - ◆ Radio, flashlights, first aid kit, batteries, water
9. If at all possible, the facility should allow volunteers to come in one door and exit out another in order that screened volunteers are not intermingled with those who are not screened.
 10. Signs posted clearly, to direct spontaneous volunteers to the sign-in location.
 11. One room/area designated for those completing applications with tables, chairs, and pencils.
 12. One room/area designated for an orientation session.
 13. One room/area designated for debriefing once the mission has been completed.

SPONTANEOUS VOLUNTEER CENTER: SAMPLE FLOOR PLAN

- Volunteer Registration Stations
- Staff Only Areas





Will County Emergency Management Agency Management of Spontaneous Volunteers: A Tool Kit for Local Communities

SPONTANEOUS VOLUNTEER CENTER: VOLUNTEER INSTRUCTIONS

To inform volunteers, you may wish to provide the volunteers with instructions for the registration process. This can be done through signage at the volunteer center or quarter page handouts given to the volunteers as they enter the facility.

Sample Information:

1. Registration Area: Please fill out a registration form and proceed to a Screener at Station 2.
2. Screening Area: Staff will review your application and complete a background check and verification of state professional licensure as necessary. Please be sure your form is *COMPLETE* before proceeding to station #2.
3. Assignment/ID Area: Staff will assess your skills and assign you to an agency or volunteer position. If assigned, you will receive an ID required for the assignment. Continue on to Station #4 for a Safety Briefing.
4. Safety Briefing Area: You will be given general instructions about safety, security, and transportation. Once the briefing is completed, proceed on to Station #5.
5. Specific Job Training Area: Some jobs will require extra orientation or training that will be provided to you by the agency to which you are referred.

Thank you for volunteering!



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

ATTACHMENT 2

SPONTANEOUS VOLUNTEER CENTER: JOB ACTION CHECKLISTS



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

REGISTRATION

Completed	Waiting for additional support	Item to do
		Gather materials (pens, forms, clipboards)
		Set up waiting area with "lanes" to facilitate the wait. Utilize chairs to set the lane in order to allow for people to sit while waiting.
		Set up 2 tables (if available) prior to entry into the screening area (see facility layout example).
		As prospective volunteers begin to arrive, ensure that their needs are identified and can be met by staff.
		If a volunteer is returning and has been assigned previously in this incident, they may proceed to the next available screener.
		Ensure that the form is completed in its entirety.
		If form is complete and space is available, send the volunteer on to the Screening Area.
		Gather pens and clipboards from prospective volunteers as they move on to the next station and give them to the next person in line.
		If needed, identify potential volunteers to work in the Spontaneous Volunteer Center and expedite processing them into a work position.
		As volunteers return at the end of the day or shift, ensure they sign out.
		If the volunteer wishes to volunteer for additional work on the same or the next day, have them report back to the Assignment Area.
		If the volunteer wishes to volunteer for additional work more than a day later, they must return to the Spontaneous Volunteer Center the day prior or the day of their available work day.

Worker Name		
Shift & Date		
Initials		



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

SCREENING

Completed	Waiting for additional support	Item to do
		Gather materials (pens, forms, clipboards)
		Set up waiting area with "lanes" to facilitate the wait. Utilize chairs to set the lane in order to allow for people to sit while waiting.
		Set up 2 tables (if available) prior to entry into the screening area (see facility layout example).
		As prospective volunteers begin to arrive, ensure that their needs are identified and can be met staff.
		If a volunteer is returning and has been assigned previously in this incident, they may proceed to the next available screener.
		Ensure that the form is completed in its entirety and verify the volunteer's ID.
		If form is accurate and space is available, send the volunteer on to the Assignment Area.
		Gather pens and clipboards from prospective volunteers as they move on to the next station and give them to the next person in line.
		If needed, identify potential volunteers to work in the Spontaneous Volunteer Center and expedite processing to them into a work position.
		As volunteers return at the end of the day or shift, ensure they sign out.
		If the volunteer wishes to volunteer for additional work on the same or the next day, have them report back to the Assignment Area for an assignment.
		If the volunteer wishes to volunteer for additional work more than a day later, they must return to the Spontaneous Volunteer Center the day prior or the day of their available work day.

Worker Name		
Shift & Date		
Initials		



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

TRAINING

Completed	Waiting for additional support	Item to do
		Gather materials (overhead, newsprint, pens, roster, first aid kit, etc)
		Set up seating area to accommodate participants in an area to the side where distractions will be limited.
		Verify that all potential volunteers have registered, been screened, and assigned for a volunteer position.
		Provide scripted information on safety issues as well as any information provided by on disaster specific hazards.
		Answer any questions appropriate to conditions.
		Provide basic information on Incident Command structure.
		Ensure that all prospective volunteers understand that they have a support system and can request assistance from their supervisors.
		Emphasize check-in/check-out procedures explaining the importance of the processes in the recovery of the community and safety of responders.
		Indicate that Critical Incident Stress Management and debriefing is available to all victims and responders.
		Stress the importance of appropriate clothing and safety gear including shoes/boots, pants and gloves.

Worker Name		
Shift & Date		
Initials		



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

SUPPORT SERVICES

Completed	Waiting for additional support	Item to do
		Gather necessary materials.
		Set up work area with table appropriate to resources available (computer stations, phone bank stations, etc).
		Provide for Runners to move paperwork throughout the facility with minimal disruption to service provision.
		Provide for support staff to allow breaks and meal breaks for staff in all other units of the Spontaneous Volunteer Center.
		Provide job specific training to spontaneous volunteers assigned to work in the Spontaneous Volunteer Center including job briefing and background regarding mission and objectives.
		When computer support is available, provide data entry staff to complete input of ALL data into the shared database.
		Support all staff in providing service to the community at their request - Find unique and effective ways to meet the need.
		Provide input regarding the processes and methods to improve efficiencies.
		Provide support to all staff in copying, printing and duplication of materials. If materials are needed to be ordered through the EOC, facilitate accordingly.

Worker Name		
Shift & Date		
Initials		



ATTACHMENT 3

SPONTANEOUS VOLUNTEER COMMUNICATIONS

As previously described, communications can be written (brochures or articles in community newsletters), verbal (orientations, community presentations, or radio spots), or electronic (website item, text message). These communications can serve a dual purpose by providing basic information about the established volunteer process. Basic information should cover the general expectations that the volunteer may have such as the:

- ◆ Registration process and the need to present identification
- ◆ If they are a minor, they must be accompanied by an adult/guardian
- ◆ Type of work the volunteer may be assigned
- ◆ Required dress and/or equipment needed for their assignment
- ◆ Process for reporting in / out for service
- ◆ Requirements for following instructions and maintaining confidentiality measures

Communications also provide an opportunity to describe and provide information about your community, and should give information about the:

- ◆ Municipal departments, including Emergency Services & Disaster Agency, Fire Department and Police Department
- ◆ Other community service organizations that accept volunteers within your town

In addition, names, addresses, contact person, and phone number for these agencies should be provided to allow prospective volunteers to make contact.

Use various types of communications as a tool to convey to volunteers information not only about the needs of the immediate emergency but also the ongoing volunteer needs of your community.



ATTACHMENT 4

SPONTANEOUS VOLUNTEER APPLICATION

APPLICATION CONSIDERATIONS:

An application of some type must be used by the municipality. At a very minimum, the municipality needs to take the volunteer's complete name, complete address, and telephone/cell phone number(s) including area code. This information should be verified by the volunteer presenting at a minimum one (1) form of identification that includes their name, address and picture, preferably a state identification card.

The application table should have plenty of blank applications, ink pens to complete the forms, room to complete the application, and at least one person directing applicants and overseeing the area.

*Two sample **applications** are included in this attachment for your use.*

REGISTRATION CONSIDERATIONS:

Once volunteers have completed the application process, they should be moved to the next station for registration. Registration should consist of:

- ♦ Reviewing the application to ensure it is complete,
- ♦ Verifying the application against the identification card(s), and
- ♦ Checking the age of the volunteer to ensure that minors are accompanied by an adult/guardian.

In a fast breaking situation where the volunteer will be immediately assigned, the registration area can apply a wristband and record the volunteer application number on the wristband for accountability. The registration area should keep the bottom copy of the 2 part form.

The registration desk should have tables and an area for volunteers to form lines so that they can be seen one at a time by staff working the area.



Will County Emergency Management Agency Management of Spontaneous Volunteers: A Tool Kit for Local Communities

ASSIGNMENT CONSIDERATIONS:

In fast breaking incidents where volunteers will be immediately assigned, an assignment desk is needed. Workers in this area will collect the second part of the 2 part application form. The worker will add the volunteers name to a Supervisor's Roster of Assigned Volunteers form (see Attachment 7). Volunteers should be organized in groups according to their assignment and sent as a group to orientation/briefing.

At a minimum, a table and chairs for workers (a processor and assistant) are needed for this work area.

ORIENTATION CONSIDERATIONS:

Once volunteers have been registered and/or assigned (depending upon the event), volunteers should move to the next station for orientation. Orientation should consist of information about the agency and the disaster situation. An orientation provides volunteers with the basic information necessary to complete their assigned function. The orientation can be given by staff or a Volunteer Coordinator and should consist of a briefing and a walk-through, if possible, of the work area. Often, it is more efficient to orient volunteers in a group than individually. Address the following items in the orientation*:

1. Welcome new volunteers
2. Explain agency mission and its disaster responsibility
3. Explain Chain-of-Command
4. Brief on safety issues, evacuation procedures, and explain how injuries are handled
5. Explain any restrictions on volunteer activities
6. Remind volunteers that during the time of their service they are representing the municipality/agency and should act accordingly

* For volunteers working in the field (at sites away from agency facilities), modify accordingly.

MUNICIPALITY / AGENCY NAME
COMPLETE ADDRESS

VOLUNTEER ID NUMBER:

VOLUNTEER INFORMATION RECORD
SAMPLE 2

Name _____ Maiden Name _____

Address _____

Phone: Home # _____ Work # _____ E-mail _____

Emergency Contact _____

Phone: Home # _____ Work # _____ Cell # _____

Education: Degree _____ Institution _____ Dates Attended _____

Occupation _____ Employer _____

Employer Address _____ Phone # _____

Hobbies, Skills, and Interests _____

Military Branch of Service _____

Active Duty Period _____ Discharge Date _____ Discharge Type _____

Experience (paid and volunteer, beginning with the most recent):

Position	Organization	Dates
----------	--------------	-------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continue on the back of the form if needed.

Please rate your skills in all of the areas that apply to you.

Skill	Minimal	Good/ Satisfactory	Above Average/ Expert	Not Applicable
Business/ Agency Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision/ Team Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management/ Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Advising/ Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Information/ Medical Records Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Program Experience (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control Process & Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/Phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training Others (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Translations/ Sign Language (specify language):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Systems/ Radio Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directing Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Assistance for Elderly/Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance/ Custodial Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Professional (See licensure section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your interest in volunteering and what do you hope to accomplish as a volunteer at our agency? _____

General Availability

<i>Days</i>	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<i>Times</i>	<input type="checkbox"/> Morning 6am – 12pm		<input type="checkbox"/> Afternoons 12pm – 6pm		<input type="checkbox"/> Evening 6pm – 12am		<input type="checkbox"/> Nights 12p m – 6am	

Indicate any preferences you may have in the above time segments _____

Please tell us about your licensure and/or experience in the following areas, if any:

Licensure/Experience	State	Expiration	License #	< 3yr.	> 3 yr.
Medical Physician					
Nurse/Nurse Practitioner/PA (specify):					
Mental Health Professional/Social Worker (specify):					
Veterinarian					
Allied Health (specify):					
Government Agency Official (specify):					
Law Enforcement (specify):					
Firefighter					
Paramedic/ EMT (specify):					
Security (specify):					
Working with Special Needs Population (specify):					
Educator or Employee Training (specify):					
Driver's License Number & Type					
Other (specify):					

Is there anything that will prohibit you from doing this job? (i.e., lifting, removing debris, walking long distances, etc.):

Date of last tetanus shot: _____

Are you currently charged with or have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Volunteer Agreement

1. I attest that I am at least 18 years of age and do not require parental or guardian authorization to enter into this agreement.
2. The information provided is complete and true. If information given on this application is incomplete or untrue, I understand my assignment may be terminated.
3. I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.
4. I have disclosed any felony convictions. I agree to a background check, verification of the statements contained herein, and additional screening procedures.
5. I understand that I am not an employee of the (Insert Municipality/Agency Name) and that I will not receive compensation or other employment related benefits while serving as a volunteer.
6. I understand that my own insurance will be used as coverage for illnesses and injuries and that I am ultimately responsible for any costs incurred.
7. I agree to respect the rights, property, and confidentiality of emergency workers, staff, volunteers, clients, and other individuals affected by disaster.
8. I agree to adhere to the rules/instructions of my job assignment(s) as not to jeopardize relief operations or procedures.

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the County of Will, State of Illinois, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities from all liability for any and all risk of damage or bodily injury that may occur to me (including injury caused by my negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person or agency transporting me to or from a disaster relief activity.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the State of Illinois, 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 carefully read the foregoing release and indemnification and understand the contents thereof and sign this release

Signature _____ **Date** _____



ATTACHMENT 5

SPONTANEOUS VOLUNTEER POSITION DESCRIPTIONS



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

Position Description: Administrative – General

Duties:

- ✓ Provide support to overall operations during a disaster or incident of significance which may include but are not limited to:
 - Copying
 - Filing
 - Runner services
 - Message routing

Skills Required:

- ✓ Ability to work in a stressful environment
- ✓ Ability to work long hours in less than optimal conditions
- ✓ Ability to follow direction

Physical Abilities Required:

- ✓ Ability to stand or sit for extended periods
- ✓ Ability to lift up to 10 pounds
- ✓ Ability to traverse uneven or hazardous walking areas



Will County Emergency Management Agency Management of Spontaneous Volunteers: A Tool Kit for Local Communities

Position Description: Administrative – Computer Support

Duties:

- ✓ Provide support service to tech staff during a disaster or incident of significance which may include but are not limited to:
 - Networking computers
 - Computer troubleshooting
 - Office machine troubleshooting
 - Telephony support
 - Computer software support

Skills Required:

- ✓ Experience in computer operations or system administration – or –
- ✓ Experience in telephone service – or –
- ✓ Experience in service of other office machines – or –
- ✓ Experience in system support – and –
- ✓ Experience with computer software systems such as
 - MS Word
 - MS Excel
 - MS Access
 - GIS Mapping/ARCVIEW
- ✓ Experience in database administration
- ✓ Experience in system support
- ✓ Ability to work in a stressful environment
- ✓ Ability to work long hours in less than optimal conditions
- ✓ Ability to follow direction

Physical Abilities Required:

- ✓ Ability to stand for extended periods
- ✓ Ability to lift up to 20 pounds
- ✓ Ability to traverse uneven or hazardous walking areas



Will County Emergency Management Agency Management of Spontaneous Volunteers: A Tool Kit for Local Communities

Position Description: Administrative - Technological

Duties:

- ✓ Provide support service to tech staff during a disaster or incident of significance which may include but are not limited to:
 - Networking computers
 - Computer troubleshooting
 - Office machine troubleshooting
 - Telephony support
 - Computer software support
 - Ham radio operations

Skills Required:

- ✓ Experience in computer operations or system administration – or –
- ✓ Experience in telephone service – or –
- ✓ Experience in service of other office machines – or –
- ✓ Licensed Ham radio operator – or –
- ✓ Experience in system support – and –
- ✓ Ability to work in a stressful environment
- ✓ Ability to work long hours in less than optimal conditions
- ✓ Ability to follow direction

Physical Abilities Required:

- ✓ Ability to stand for extended periods
- ✓ Ability to lift up to 20 pounds
- ✓ Ability to traverse uneven or hazardous walking areas



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

Position Description: General Labor - Outdoor

Duties:

- ✓ Provide labor services during a disaster or incident of significance which may include but are not limited to:
 - Debris removal
 - Sand bagging
 - Relocation of materials
 - Traffic control support
 - Equipment Operations - licensed

Skills Required:

- ✓ Ability to work in a stressful environment
- ✓ Ability to work out of doors in extreme heat or cold
- ✓ Ability to work long hours in less than optimal conditions
- ✓ Ability to follow direction

Physical Abilities Required:

- ✓ Ability to stand for extended periods
- ✓ Ability to lift up to 40 pounds
- ✓ Ability to traverse uneven or hazardous walking areas



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

Position Description: General Labor - Indoor

Duties:

- ✓ Provide labor services during a disaster or incident of significance which may include but are not limited to:
 - Warehouse
 - Sorting of donated materials
 - Facility maintenance

Skills Required:

- ✓ Ability to work in a stressful environment
- ✓ Ability to work long hours in less than optimal conditions
- ✓ Ability to follow direction

Physical Abilities Required:

- ✓ Ability to stand for extended periods
- ✓ Ability to lift up to 40 pounds
- ✓ Ability to traverse uneven or hazardous walking areas



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

Position Description: Mass Care – Feeding

Duties:

- ✓ Provide support to feeding operations during a disaster or incident of significance which may include but are not limited to:
 - Facility clean-up
 - Facility maintenance
 - Kitchen support
 - Meal preparation
 - Meal delivery
 - Health assurance support
 - Inventory/supply maintenance

Skills Required:

- ✓ Ability to work in a stressful environment
- ✓ Ability to work long hours in less than optimal conditions
- ✓ Ability to follow direction

Physical Abilities Required:

- ✓ Ability to stand or sit for extended periods
- ✓ Ability to lift up to 30 pounds
- ✓ Ability to traverse uneven or hazardous walking areas



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

Position Description: Mass Care – Sheltering

Duties:

- ✓ Provide support to a specific shelter site during a disaster or incident of significance which may include but are not limited to:
 - Facility clean-up
 - Facility maintenance
 - Dormitory support
 - Kitchen support
 - Inventory/supply maintenance
 - Child care support

Skills Required:

- ✓ Ability to work in a stressful environment
- ✓ Ability to work long hours in less than optimal conditions
- ✓ Ability to follow direction

Physical Abilities Required:

- ✓ Ability to stand or sit for extended periods
- ✓ Ability to lift up to 20 pounds
- ✓ Ability to traverse uneven or hazardous walking areas



ATTACHMENT 6

VOLUNTEER ASSIGNMENT AGREEMENT

The Volunteer Assignment Agreement is intended to convey to the volunteers how important their work is to the Municipality/Agency and the people being served. The Municipality/Agency agrees to utilize the volunteer's time effectively and to make the volunteer experience both productive and rewarding. To this end, all new volunteers are required to complete the Volunteer Assignment Agreement in which both parties spell out the mutual commitments being made whenever a volunteer is accepted into volunteer service with the Municipality/Agency.

A sample Volunteer Assignment Agreement is included in this attachment for your use.

VOLUNTEER ASSIGNMENT INFORMATION SHEET

To provide the volunteer with more complete information concerning their assignment, an information sheet may be provided to them. This sheet can be given to the volunteer at the time the Volunteer Assignment Agreement is signed or when the volunteer checks in at the Volunteer Center.

A sample Volunteer Assignment Information Sheet is included in this attachment for your use.

MUNICIPAL / AGENCY NAME
Address

VOLUNTEER ASSIGNMENT AGREEMENT

This form constitutes an agreement between _____
Volunteer
 and _____
Municipal / Agency Department

Volunteer Agrees to be Available:

<i>Days</i>	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<i>Times</i>	<input type="checkbox"/> Morning 6am – 12pm		<input type="checkbox"/> Afternoons 12pm – 6pm		<input type="checkbox"/> Evening 6pm – 12am		<input type="checkbox"/> Nights 12p m – 6am	

Assignment Start Date: _____ Assignment End Date: _____

Assignment Description:

As a Volunteer, I realize I am representing the municipality/agency of **(Insert Municipality/Agency Name)** during my assigned hours.

It is my responsibility to understand, agree with, and fulfill the following:

1. Be courteous with the public in their requests for information and services and honor the confidentiality requirements of the Municipality/Agency and client.
2. Accept training, guidance, and supervision provided by my staff supervisor.
3. Perform duties to the best of my ability, and inform my supervisor or his/her staff when time or knowledge may be insufficient to complete the assigned task.
4. To act at all time as a conscientious member of the team and maintain and exhibit a neat and clean appearance as a Volunteer representing the Municipality/Agency.
5. To serve as assigned and not self deploy or reassign oneself without the direct permission of the responding agency.
6. Sign in and out on the time sheet provided, and inform my supervisor or his/her staff when unable to report to assignment or of intent to resign.

As a supervisor of the above named Volunteer, I understand and agree to the following:

1. To provide orientation to the Volunteer as it pertains to respective assignment(s).
2. To utilize the Volunteer's time effectively and have assignment prepared for the Volunteer at his/her scheduled time.
3. To arrange a flexible assignment as it meets the needs of the department and the Volunteer.
4. To notify the Volunteer in advance if services are not needed at a particular time of day.

It is understood by both parties that this agreement and assigned tasks are negotiable. In the event of any changes, please contact the Volunteer Coordinator.

Volunteer Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Distribution: Supervisor, Volunteer, Volunteer Coordinator, Human Resources Department

MUNICIPAL / AGENCY NAME
Address

VOLUNTEER ASSIGNMENT INFORMATION SHEET

Volunteer's Name: _____ **Date of Assignment:** _____

Volunteer Date(s): _____

Report Time: from _____ **to** _____

Site Location: _____

Parking Instructions: _____

Report to: _____
(Municipality/Agency Name)

(Supervisor's Name)

Position Assignment: _____

What to wear: _____

What to bring: _____

Notes of Importance: _____



ATTACHMENT 7

VOLUNTEER IDENTIFICATION

Today, it is important to identify those individuals who are at the incident site during an emergency or disaster. Whether these individuals are working in an office, in the field picking up debris, or looking for a missing person; some type of identification method must be used. Once a volunteer is matched for a job, the volunteer should be given an ID or wristband that will identify the volunteer.

The Illinois Terrorism Task Force is in the process of developing and implementing a statewide identification tag for spontaneous volunteers. Until that process has been implemented, agencies within Will County who need to provide identification to spontaneous volunteers are encouraged to use the bright orange plastic wristband shown below.

These wristbands are available to Will County local agencies through the Will County Emergency Management Agency by calling 815-740-0911. They provide a visual means of identification and the non-reusable locking closure discourages transfer and increases security. In addition, any or all of the following **optional** information can be included on the wristband using a permanent marker:

- ◆ Incident Number
- ◆ Date of Authorized Entry
- ◆ Volunteer Number
- ◆ Supervisor Name
- ◆ Work Area Assignment
- ◆ Agency/Department Requesting the Volunteer



The wristbands should be placed on the spontaneous volunteer once they have been registered by staff by completing the appropriate application and providing the required identification (one containing a picture). Do not allow the volunteer to walk away from the desk carrying the wristband. For security purposes, ***the wristband must be secure on the Volunteer's wrist prior to leaving the application center.***

As an added security measure, it is strongly recommended that a different color wristband be used each day for incidents requiring response over multiple days. Although it is recommended that communities purchase wristbands in advance, Will County Emergency Management Agency can provide quantities of wristbands for the first four days.



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

ATTACHMENT 8

VOLUNTEER REQUEST FORM

To assist the Spontaneous Volunteer Center and Volunteer Coordinator identify the Municipality/Agency volunteer needs and appropriately assign volunteers, a Volunteer Request Form may be utilized.

A sample Municipality / Agency Volunteer Request Form is included in this annex for your use.

MUNICIPAL / AGENCY NAME
Address

MUNICIPALITY / AGENCY VOLUNTEER REQUEST FORM

Date: _____ **Priority:** _____ **Project Status:** Beginning On-Going

Requesting Department / Agency: _____

Contact Name: _____

Phone: _____ **Email:** _____ **Fax:** _____

Number of Volunteers Needed: _____ **Job Location:** _____

Job Start Date: _____ **Job End Date:** _____ **Minimum Age:** _____

Please describe minimum and maximum time commitments:

Project Description:

Required Physical Abilities and/or Skills:

Volunteer Duties:

Report to Address: _____

Report to Contact: _____ **Dates/Hrs. Needed:** _____

Volunteer Center Use Only			
Follow-up Contact with Requesting Agency / Clarification of Need			
Date:	Comments:		
Volunteers Referred:			
Name:	Date:	Name:	Date:



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

ATTACHMENT 9

SUPERVISOR'S ROSTER OF ASSIGNED VOLUNTEERS

To assist supervisors of volunteers, a roster may be used to organize the volunteers assigned to them, the volunteers' assignments, and the time volunteers check-in/out.

A Supervisor's Roster is included in this attachment for your use.

MUNICIPAL / AGENCY NAME
Address

SUPERVISOR'S ROSTER OF ASSIGNED VOLUNTEERS

Supervisor's Name: _____ Worksite Location: _____

Supervisor's Assignment: _____ Date: _____

Supervisor: Check-in Time _____ Check-out Time _____

VOLUNTEER ROSTER				
NAME	ASSIGNMENT	TIME IN	TIME OUT	EMERGENCY CONTACT & NUMBER



ATTACHMENT 10

VOLUNTEER SAFETY REMINDERS

The safety of responders and volunteers is the responsibility of the Municipality/Agency and of the utmost concern in any emergency response. Volunteers should be warned of any general or specific safety concerns they may encounter in their assigned work.

A sample Safety Reminders for Volunteers sheet is included in this attachment for your use.

VOLUNTEER ACCIDENT - INJURY - ILLNESS EXPOSURE REPORT

Even with the best of safety practices, injuries and illness will occur. In the event a volunteer is involved in an accident, is injured, or becomes ill, a detailed report should be filed with the Volunteer Coordinator and Human Resources Department.

A sample Volunteer Accident – Injury – Illness Exposure Report is included in the attachment for your use.

SAFETY REMINDERS for VOLUNTEERS

Report any suspicious or dangerous individuals and/or activities to Security or the Supervisor.

Arriving at Incident Site:

- ★ Before setting out, be sure of the location of your assignment.
- ★ If you will be working outside, dress for the weather. Boots may be helpful, as debris on the ground can be sharp and dangerous.
- ★ Bring work gloves, sunscreen, bug spray, hat and any appropriate tools you have. You will be responsible for your tools.
- ★ Water may be available at your work site, but you are encouraged to bring a personal water container. It is important to drink plenty of water while you work.
- ★ Follow the directions of the Traffic Controller, if available, as to where to park and where to enter.
- ★ Always be aware of your surroundings when you are at the incident site.
- ★ Check-in with your Supervisor immediately upon arriving at the site and follow their directions for storing your belongings and finding your work station.
- ★ Follow the directions given to you at check-in for break time and use of restrooms.

Working at the Incident Site:

- ★ Carefully follow the directions given to you for your position.
- ★ Should you ever be uncertain about what to do or have any questions on how to proceed, immediately seek the help of your Supervisor.
- ★ Always be aware of the scope of your position and be careful not to exceed the authority of your position. Seek the help of your Supervisor when a situation arises that is beyond the ability of your position.
- ★ Remember that any information concerning the incident is confidential and sharing information must follow strict guidelines.
- ★ DO NOT speak on behalf of the **MUNICIPALITY/AGENCY NAME** or provide the press with any information concerning the emergency response operation. Immediately refer anyone seeking information to the Incident Commander.
- ★ While working, you may have a higher than normal exposure to bacteria. When you take a break, wash thoroughly. (IN FLOODS – do not wade through flood waters due to the high level of bacteria in flood water.)
- ★ If you are injured on the job, no matter how minor, please alert your supervisor and report the injury to the staff at the Volunteer Reception Center when you return at the end of your shift. Depending on the type of injury, the local health department may wish to monitor your health in the future.
- ★ The work you may be doing may cause you to experience stress, anxiety, fear or other strong emotions. You are providing a valuable service by volunteering. Please understand that, by helping, we will not be able to undo the effects of this event. We are just one person. All we can do is help in our own small ways to assist victims into the recovery process.
- ★ Do not feel guilty because you are not able to fix everything. Just work your shift, then go home to rest and eat well. Both will help you to relieve the stress. Be sure to attend any debriefing that may be conducted at the end of your shift.

Leaving the Incident Site:

- ★ Before leaving the incident site, be sure you have all your personal belongings and have your keys ready to enter your vehicle.
- ★ Leave the incident site with others or ask Security for an escort to your vehicle.
- ★ Be aware of your surroundings as you walk to your vehicle.
- ★ DO NOT provide the press with any information concerning the emergency response operation should they approach you.

Be safety conscious ... for the security of all!

MUNICIPALITY / AGENCY NAME
Address

VOLUNTEER ACCIDENT - INJURY - ILLNESS EXPOSURE REPORT

TO BE COMPLETED BY VOLUNTEER:

Date Reported: _____

Date of Accident: _____ Time of Accident: _____ am/pm

Name of Injured Person: _____

Office/Dept: _____

Male Female Marital Status: Single – Married – Divorce – Separated

Number of dependent children under the age of 18 years old: _____

Exact location of accident: _____

Nature of Injury/Illness (strain, sprain, laceration): _____

Part of body affected (be specific): _____

Description of accident/other comments: _____

Task Being Performed at Time of Accident:

What was your job or activity at the time of the accident: _____

What object or substance was responsible for the injury? _____

Was personal protective equipment being used/worn at the time of injury? Yes No

What instruction or training would have prevented this accident? _____

Volunteer Signature: _____ Date: _____

---OVER---

MUNICIPALITY / AGENCY NAME

Address

TO BE COMPLETED BY SUPERVISOR:

Did any unsafe act caused or contributed to this accident? Yes No If yes, explain: _____

Did any hazardous conditions, methods or lack of protective equipment contribute to the injury?

Yes No If yes, explain: _____

What **action or training** was taken to prevent reoccurrence of this accident? _____

Who took corrective action? _____

Do you question this accident? Yes No If yes, explain: _____

Medical Services Rendered: Yes No

If yes, Name of Physician: _____

Name of Hospital/Clinic: _____

Street Address: _____

City: _____

Other Comments: _____

Do you anticipate the volunteer will be off at least three working days? Yes No

A copy of the physician completed work status report must accompany this form.

Signature Immediate Supervisor: _____ Date: _____

Administrative Nurse: _____ Date: _____

MUNICIPALITY / AGENCY NAME
Address

WITNESS STATEMENT:

Name of person injured: _____

Position/Title: _____ Office/Department: _____

Date of Accident: _____ Time of Accident: _____ am/pm

Exact Location of Accident: _____

Nature of Injury/Illness: _____

Part(s) of body affected: _____

Description of how accident occurred (material, machinery involved and sequence of events leading to the injury): _____

Other witnesses: _____

Print your name (witness): _____

Signature of Witness: _____ Date: _____



MUNICIPALITY / AGENCY NAME

Address

NEAR MISS OCCURRENCE REPORT:

The “near miss” report process is designed to ensure that staff and/or volunteers report all risks or hazards they identify in the course of their work for, or connection with, the Department and its services and activities. This process is in place so that appropriate actions can be taken to ensure those risks, potential accidents, injuries, or other losses that have been “near misses” or “close calls” do not materialize into actual harm in the future. We cannot control risks we do not know about and everyone connected with our programs, services, events, and activities is invited and encouraged to help us create the safest environment possible.

Location of Incident _____

Date & Time of Report Submission _____

Reported by:

Name _____ Position _____

Phone #: _____ Fax #: _____ E-mail _____

Describe the risky incident or condition (Who, What, Where, Why)

What prevented the accident, injury, occurrence this time?

What do you think might be done to remedy this situation?

Other Comments:

Do you want us to get back to you about this matter? _____ Yes _____ No

THANK YOU FOR HELPING US TO STAY SAFE!



ATTACHMENT 11

SUPERVISION

The success of managing spontaneous volunteers depends on how effectively volunteers are matched to the work that needs to be done. Use the information gathered about the volunteer during the screening process to meet the needs of the emergency response operation. Make an effort to assign volunteers to tasks in which they have prior experience. Be sure that volunteers understand the rules and procedures for their specific assignments in order to provide the best possible service. Volunteers should know to whom they report, how to operate equipment safely, and may need practice to sufficiently master a task. Since training time following a disaster will be limited, train to the specific job and pair experienced people with new volunteers as a method to train and supervise.

The supervisor's job is to ensure that volunteers understand their responsibilities, know how to carry out their work, and are meeting performance standards. Assign volunteers realistic tasks that can be performed without continuous guidance. Ensure that the volunteer understands who their supervisor is and encourage them to report to their supervisor with questions or problems.

Promote an atmosphere of teamwork, resourcefulness, and cooperation. In a high-stress disaster operation, even a seemingly insignificant personality conflict can be counterproductive. Pay attention to safety issues and make sure volunteers receive adequate meals and fluids. The following supervisory administrative measures provide guidance for working at the incident site:

- ↪ Maintain a log of each volunteer's work hours and set up a shift schedule to be sure volunteers are not overworked.
- ↪ Set up a system to track volunteers serving at the incident site and clarify the volunteer's boundaries and provide them with a contact person should problems or questions arise.
- ↪ Conduct regular staff briefings to address questions, concerns, and direct continued efforts. Volunteers should report their daily activities.
- ↪ Regularly assess volunteer work and document volunteer performance, attitude, and appearance.
- ↪ Praise good efforts and offer constructive feedback when more effort is needed.
- ↪ Make arrangements, as necessary, for Critical Incident Stress debriefings for volunteers exposed to traumatic incidents.



ATTACHMENT 12

DEBRIEFING & EVALUATION OF VOLUNTEERS

Individual and group debriefing/evaluation formats are included for your use.

GROUNDS FOR DISMISSAL

Sample include for your use

MUNICIPAL / AGENCY NAME
Address

EVENT BRIEFING BY GROUP

Date of Event _____ Time of Debriefing _____ Shift Period _____

Dispensing Site Location _____

Debriefing Leader's Name _____ Phone Number _____

Evaluate the effectiveness of the emergency response operations:			
Good	Problems	Operation	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Response Efforts	
<input type="checkbox"/>	<input type="checkbox"/>	General Information	
<input type="checkbox"/>	<input type="checkbox"/>	Education	
<input type="checkbox"/>	<input type="checkbox"/>	Check-out	
<input type="checkbox"/>	<input type="checkbox"/>	Communication	
<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Performance	
<input type="checkbox"/>	<input type="checkbox"/>	Security	

Evaluate working conditions (check all applicable):

Relaxed Normal Organized Hurried Stressful Chaotic Disorganized

Evaluate state of mind of volunteers/staff (check all applicable):

Relaxed Normal Upset Worried Stressed Tired

Comments/Recommendations: _____



VOLUNTEER EVALUATION GUIDELINES

- ✦ Start the evaluation conversation by listening to the volunteer's thoughts on their experience and performance.
- ✦ Non-judgmental listening will give the evaluator valuable information on the volunteer's perceptions. This will benefit future program development.
- ✦ Once the volunteer is finished, the evaluator can then discuss performance.
- ✦ Begin with the positive accomplishments of the volunteer and emphasize these accomplishments.
- ✦ After discussing the positive accomplishments, then problem behaviors can be addressed.
- ✦ Negative comments are ill-advised. Reframe the process of discussing problem behaviors by emphasizing improvement of behavior. This is a more constructive evaluation process for the volunteer, evaluator, and volunteer program.
- ✦ Evaluators should be direct with the volunteer and be specific about any problems and expectations.
- ✦ Phrasing problems in terms of potential consequences to clients, volunteers, staff, or public along with the public image of the Department can be helpful as most volunteers care deeply about the Department and its mission.
- ✦ Use job descriptions, training checklists, and orientation materials to help explain expectations and make sure that volunteers know what kind of improvement is expected.
- ✦ While volunteer satisfaction is important, appropriate interactions with clients and/or public to fulfill the Department's mission is the primary objective.

NOTE: If evaluators listen first, put themselves in the volunteer's shoes, and frame thoughts as discussion rather than ultimatum, surprising things may emerge. For example, the volunteer may not like the position; thus, a better match may solve the problem.

While the problem evaluation is challenging, with good screening, orientation, training, and supervision, they are rare.

Most volunteers are appropriate, committed workers who do a phenomenal job aiding the Department in ways paid staff cannot.

REMEMBER: *The evaluation discussion must be documented, and both the evaluator and volunteer should sign the evaluation form.*

MUNICIPAL / AGENCY NAME
Address

VOLUNTEER EVALUATION

Evaluator's Name: _____ Phone No. _____

Worksite Location: _____

Period of Review: From _____ To _____

Volunteer's Name _____ I.D. # _____

Volunteer's Address: _____

Volunteer's Assignment: _____

Interested in Further Service: Yes No

OVERALL PERFORMANCE OF VOLUNTEER

<input type="checkbox"/> Exceeds Expectations Performance exceptional & significantly exceeds standards	<input type="checkbox"/> Fully Satisfied Performance consistently meets & sometimes exceeds standards	<input type="checkbox"/> Needs Improvement Performance does not fully meet standards	<input type="checkbox"/> Clearly Unsatisfied Performance significantly below standards
---	---	--	--

BASED ON OBSERVED BEHAVIOR OF VOLUNTEER

<input type="checkbox"/> Punctual	<input type="checkbox"/> Follows Directions	<input type="checkbox"/> Appropriate Appearance
<input type="checkbox"/> Takes Initiative	<input type="checkbox"/> Adheres to Procedures	<input type="checkbox"/> Works/Cooperates with Others
<input type="checkbox"/> Proficient at Assigned Tasks	<input type="checkbox"/> Sensitive to Public/Client	<input type="checkbox"/> Appropriate use of Equipment/Privileges

SUPERVISOR'S COMMENTS

Supervisor's (Evaluator) Name: _____
 Signature: _____ Date: _____

VOLUNTEER'S COMMENTS

Volunteer's Name: _____
 Signature: _____ Date: _____



Will County Emergency Management Agency Management of Spontaneous Volunteers: A Tool Kit for Local Communities

GROUNDS FOR DISMISSAL

All (*Jurisdiction*) volunteers are subject to dismissal as a volunteer for any reason as deemed appropriate by the (*Jurisdiction*) EMA Coordinator or Crisis Management Team with input from any Incident Commander, or professional responder.

Examples of actions that *shall* result in removal include but are not limited to:

- ◆ Self-deployment to an incident or scene
- ◆ Being found guilty of a crime by a judge or jury
- ◆ Violent or aggressive behavior toward other volunteers, residents, professional responders or authorities
- ◆ Failure to follow the direction of authorities
- ◆ Sexual Harassment as defined by the (*Jurisdiction*) HR policy.

Examples of actions that *may* result in removal include but are not limited to:

- ◆ Unauthorized use of (*Jurisdiction*) logos or signage
- ◆ Unprofessional behavior toward other volunteers, residents, professional responders, or other authorities as defined by the (*Jurisdiction*) HR policy.
- ◆ Alcohol or drug use at or during (*Jurisdiction*) functions or response.

Incident Commanders and professional first responders may remove a team member from a scene with due cause. A removed volunteer is responsible for returning all provided equipment and ID. This person will be charged for replacement cost for non-returned items.



ATTACHMENT 13

STATUTES REGARDING PROTECTION FOR VOLUNTEERS

50 ILCS 1222 – Local Government Disaster Service Volunteer Act

Authorizes units of local government and their agencies to grant 20 days per year paid leave to an employee to participate in disaster relief services for the Red Cross, upon the request of that agency.

745 ILCS 10 – Local Governmental and Governmental Employees Tort Immunity Act

sec. 1-202 – defines employee to include volunteers
sec. 2-302 – authorizes units of local government to indemnify employees, presumably including volunteers.

820 ILCS 315/2 – Workers' Compensation Act

Defines civil defense workers to include volunteers during emergencies.

5 ILCS 350 State Employee Indemnification Act

Definition of employee includes those who perform volunteer services where the volunteer relationship is reduced to writing.

20 ILCS 3302/10 IEMA Act

Provides that volunteers engaged in a disaster, exercise, or training related to the emergency operations plan of a political subdivision or response that is beyond local response capabilities shall be a State employee for purpose of Workers' Compensation, if certain criteria are met.

42 U.S.C. 14501 et seq Volunteer Protection Act

Preempts State laws to limit the liability of persons serving as volunteers for governmental and non-profit organizations.



**Will County Emergency Management Agency
Management of Spontaneous Volunteers:
A Tool Kit for Local Communities**

ATTACHMENT 14

REFERENCES

- Community Guidelines for Developing a Spontaneous Volunteer Plan*
Illinois Terrorism Task Force Committee on Volunteers and Donations.
<http://www.illinois.gov/security/preparedness/volunteer.htm>
- Designing Programs for the Volunteer Sector.*
Macduff, N. (1989).
- Episodic Volunteering: Building the Short-term Volunteer Program.*
Macduff, N. (1991). Walla Walla, WA: MBA Publishing.
- Developing and Managing Volunteers.*
Federal Emergency Management Agency (FEMA). (2003).
Available from: <http://www.training.fema.gov/emiweb/is/is2441st.asp>.
- Developing Volunteer Resources*
Illinois Emergency Management Agency (IEMA). Two-day course designed to improve the participant's abilities to deal with a wide range of issues in managing volunteers. For more information contact IEMA, 110 East Adams Street, Springfield, IL 62701-1109 (217) 782-7860, www.state.il.us/iema
- Human Resources in Disaster*
American Red Cross. Training to provide basic information about activities and processes of a local disaster volunteer, staffing, and training functions in support of American Red Cross disaster relief operations. For more information contact American Red Cross of Greater Chicago, 111 East Wacker Drive, Suite 200, Chicago, IL 60601 (312) 729-6100, www.chicagoredcross.org
- Preventing a Disaster Within the Disaster: The Effective Use and Management of Unaffiliated Volunteers.* Points of Light Foundation & Volunteer Center National Network. Available from: <http://www.pointsoflight.org/programs/disaster>.
- Spontaneous Volunteer Management Plan: Guidance for Local Government and Operations Areas.* California Service Corps. (2004). Available from: <http://www.csc.ca.gov/programs/files/VPguidance/pdf>.
- They Will Come: Post-disaster Volunteers and Local Governments.*
Davis, G. & Dallas, J. (2001). Available from: [http://www.oes.ca.gov/oeshomep.nsf/all/TheyWillCome/\\$file/TheyWillCome.pdf](http://www.oes.ca.gov/oeshomep.nsf/all/TheyWillCome/$file/TheyWillCome.pdf).
- Unaffiliated Volunteers in Response and Recovery.*
Volunteer Florida. (2000). Available from: <http://www.volunteerflorida.org/emergencymanagement/docs/2008/unaffiliatedvolunteersinresponseandrecovery.pdf>
- Volunteer management: Mobilizing all the Resources of the Community.* McCurley, S. & Lynch, R. (1996). Downers Grove, IL: Heritage Arts Publishing.