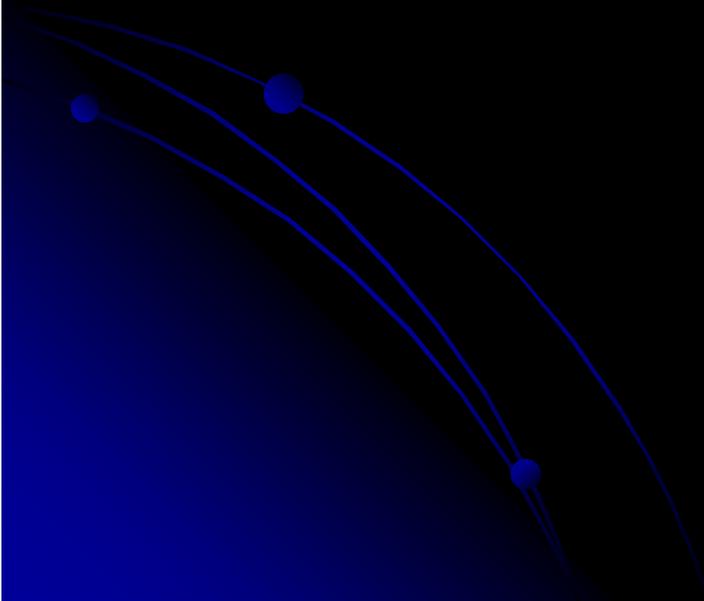
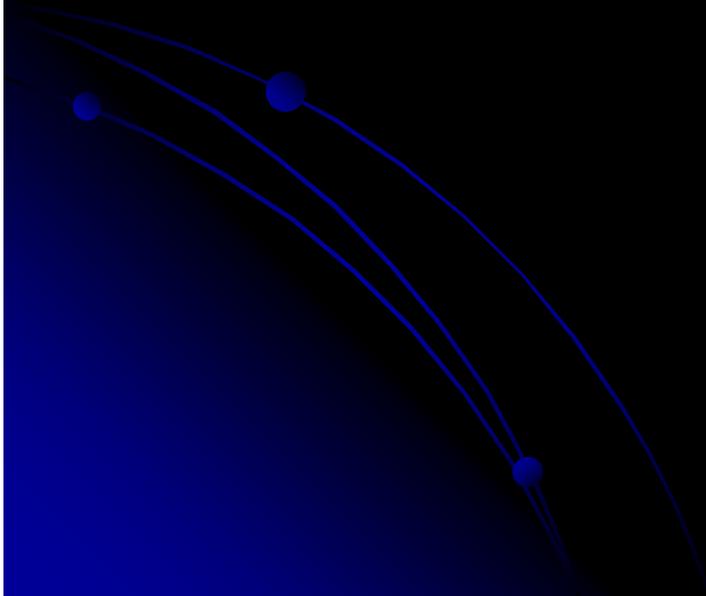


Emergency Volunteer Center for Spontaneous Volunteers

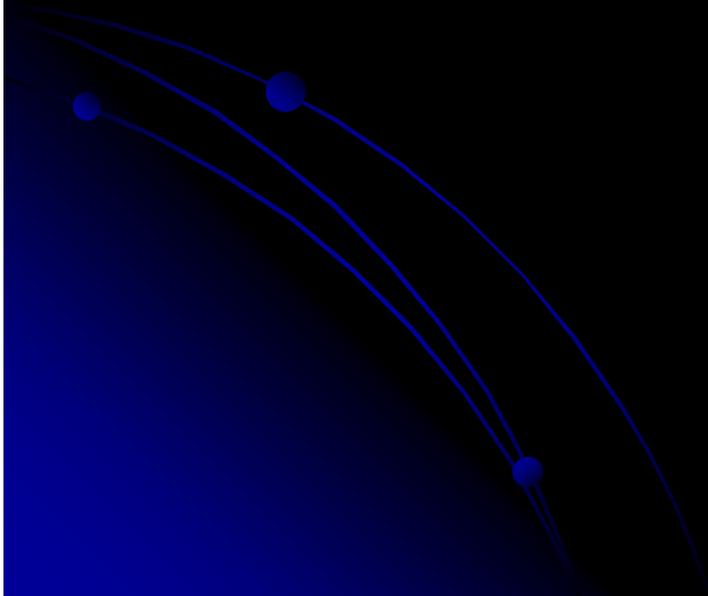
Tammy Jeffs, RSVP Director of Buffalo and Kearney Counties



Background



Step 1 – Determine Volunteer/Staff Needs



EMERGENCY VOLUNTEER CENTER (EVC)

Staff JOB DESCRIPTIONS



List of EVC Staff Members

EVC Director

Logistic Coordinator

Public Information Officer

Registration Chief

Greeters

Registrars

Security Guards

Mental Health Associate

Interview Chief

Interviewers

Board Writers

Data Chief

Data Staff

Data Entry

Safety Chief

Safety Briefer

Training Coordinator

Volunteer ID issuer

Runners

EVC Duty Chart

Date:

EVC
Director:
Phone:

PIO:
Phone:

Logistics Coordinator:
Phone:

Registration Chief:
Phone:

Interview Chief:
Phone:

Data Chief:
Phone:

Safety Chief:
Phone:

Station #1: Orientation/Registration – Greeters give volunteers instruction sheets and ask them to fill out registration forms. They give a brief orientation about the registration process.

Station #2: Interviews – Volunteer gives completed registration form to interviewer. The interviewer places the volunteer in needed positions and gives them a volunteer referral form telling them where and to whom they should report to. The “Request for Volunteers” dry erase board is located in front of the interview station.

Station #3: Data/Agency Coordination – The volunteer gives referral form to the Data Coordinator, who records referral on the request form. Data Coordinator communicates with requesting agency by way of online system or by phone; therefore when needs have been met request can be closed out and agency can be kept up to date on whom to expect when. This station also receives calls from agencies requesting volunteers and posts this information for use by interviewers.

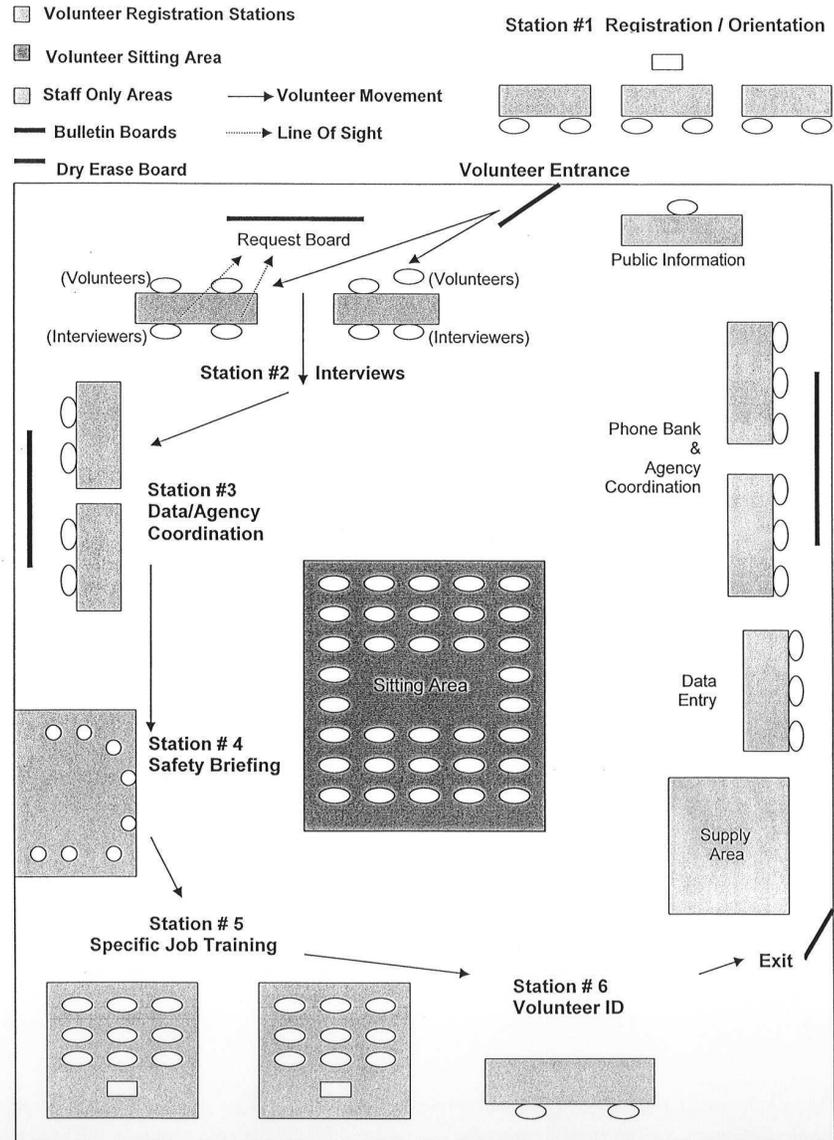
Runners – Runners post new requests for volunteers on the request board, carry information from one station to another, and deliver supplies to the stations.

Station #6: Volunteer Identification – some form of identification; either a wristband or ID badge, will be issued containing the volunteer’s name, the agency/site assigned to, and the authorized work dates.

Station #5: Specific Job Training – Job training specific to each worksite or function can be provided before volunteers depart for their work areas. Often this station is just a coordinating/scheduling step – tells volunteer when and where to go.

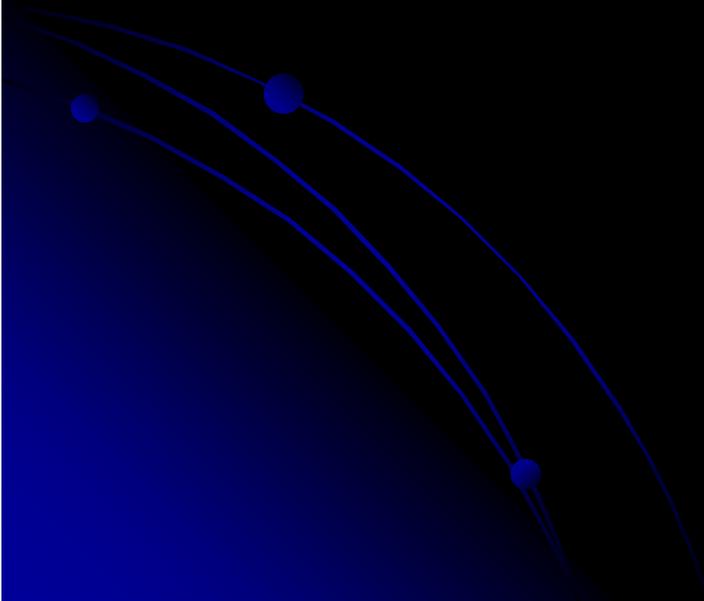
Station #4: Safety Briefing – The safety trainer documents the attendance of each volunteer and presents a safety briefing appropriate to the specific disaster event.

Emergency Volunteer Center Floor Plan



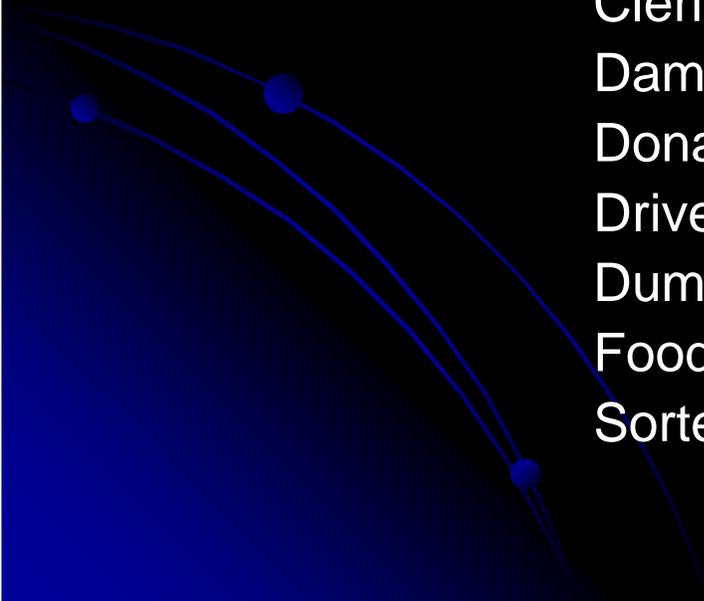
Spontaneous Volunteer

Job List

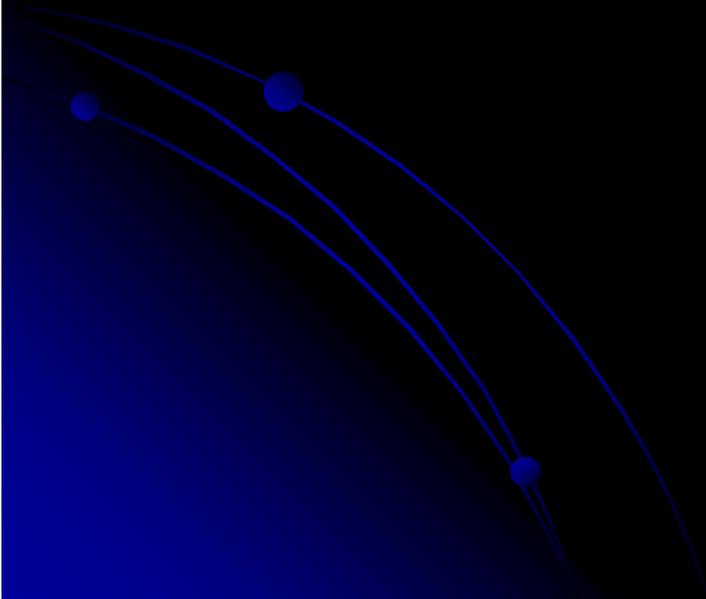


Spontaneous Volunteer Job List

Animal Shelter Assistant
Childcare Worker
Clean-Up Inside (Business/Organization)
Clean-Up Inside (Individual)
Clean-Up Outside
Clerical Support
Damage Assessment
Donations Assistant
Drivers
Dumpsite Supervision
Food Preparation Crews
Sorter/Packer/Loader



FORMS



LIST OF EVC FORMS

Volunteer Information Card (Greeters)

Disaster Volunteer Registration Form (Station #1 --
Registration) – Release of Liability (back side)

Request For Volunteers Form (Station #3 – Data/ Agency
Coordination)

Volunteer Referral Form (Station #2 – Interviews)

Job Request Board Sample Set-Up

SIGN-INS, RECORDS, ETC

EVC Staff Sign In/Out

EVC Volunteer Sign In/Out

EVC Expenses Tracking

Safety Briefing Attendance

Volunteer Information Card

Volunteer Instructions

1. Reception Area: Please fill out a Registration Form and proceed as directed to an Interviewer at Station #2.
2. Interview Area: Interviewer will take your form, talk with you about your skills and refer you to an agency needing your help. Next take your Referral Form to the Data Coordinator (Station #3).
3. Data Coordination Area: Coordinator will record and initial your Referral Form and, if possible, notify the agency to expect you. Take your Referral Form to the Safety area (Station #4).
4. Safety Briefing Area: You will be given special instruction about safety, security & transportation. You may be directed to Station #5 for additional job training.
5. Specific Job Training: Some jobs will require extra orientation or training that will be provided by the agency to which you are referred. Proceed to Station #6 for ID.
6. Identification Area: You will receive an ID bracelet or card that will allow you to enter restricted areas during the day(s) written on ID.

Thank you for volunteering!

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Thank you for volunteering!

Disaster Volunteer Registration Form

Disaster Volunteer Registration Form

Please print clearly and submit at Emergency Volunteer Center

Mr. Mrs. Ms. *Name _____ *Birth Date _____
 Home Phone _____ Cell Phone _____ E-Mail _____
 Home Address _____ City _____ State _____ Zip _____
 Occupation _____ Employer _____
 *Emergency Contact _____ Relationship _____ Phone _____
 Health limitations: _____
 Are you willing to volunteer: ___ Locally ___ Within Surrounding Counties ___ Within Nebraska
 Times Available _____
 Other disaster relief agencies you are affiliated with: _____
 Special skills and vocational/disaster training you have completed: _____

Skills (please check all that apply)

MEDICAL <input type="checkbox"/> MD, specialty _____ <input type="checkbox"/> Nurse, specialty _____ <input type="checkbox"/> Emergency Medical Cert. <input type="checkbox"/> Mental Health Counselor <input type="checkbox"/> Veterinarian <input type="checkbox"/> Veterinary Technician COMMUNICATIONS <input type="checkbox"/> CB or HAM Operator <input type="checkbox"/> Hotline Operator <input type="checkbox"/> Own a cell phone <input type="checkbox"/> # _____ <input type="checkbox"/> Public Relations <input type="checkbox"/> Web page design <input type="checkbox"/> Public Speaker Language other than English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Chinese <input type="checkbox"/> Maxaad or other Somali <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	OFFICE SUPPORT <input type="checkbox"/> Clerical <input type="checkbox"/> Data entry, software _____ <input type="checkbox"/> Phone Receptionist SERVICES <input type="checkbox"/> Food <input type="checkbox"/> Elderly/disabled assistant <input type="checkbox"/> Child care <input type="checkbox"/> Spiritual counseling <input type="checkbox"/> Social work <input type="checkbox"/> Search and rescue <input type="checkbox"/> Auto repair/towing <input type="checkbox"/> Traffic control <input type="checkbox"/> Crime watch <input type="checkbox"/> Animal rescue <input type="checkbox"/> Animal care <input type="checkbox"/> Runner STRUCTURAL <input type="checkbox"/> Damage assessment <input type="checkbox"/> Metal construction <input type="checkbox"/> Wood construction <input type="checkbox"/> Block construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Roofing	TRANSPORTATION <input type="checkbox"/> Car <input type="checkbox"/> Mini-van/Station Wagon <input type="checkbox"/> Maxi-Van <input type="checkbox"/> ATV <input type="checkbox"/> Own off-road vehicle/4wd <input type="checkbox"/> Own truck <input type="checkbox"/> Own boat, capacity _____ <input type="checkbox"/> Commercial driver class & license # _____ <input type="checkbox"/> Camper/RV, capacity _____ <input type="checkbox"/> Trailer - Enclosed _____ Open _____ LABOR <input type="checkbox"/> Loading/shipping <input type="checkbox"/> Sorting/packing <input type="checkbox"/> Clean-up <input type="checkbox"/> Operate equipment type: _____ <input type="checkbox"/> Supervising experience EQUIPMENT <input type="checkbox"/> Backhoe <input type="checkbox"/> Chainsaw <input type="checkbox"/> Generator <input type="checkbox"/> Other _____
--	--	--

Disaster Volunteer Registration Form

Release of Liability Statement

(side two)

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless [the coordinating agency, local government, State of Nebraska, 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 or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person transporting me to or from any disaster relief activity. In addition, 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 State of Nebraska, 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.

Signature _____ Date _____

Guardian, if under 18 _____ Date _____

Volunteer's credentials were recorded as presented. Verification of credentials is the responsibility of the receiving agency or ESF.

This volunteer was referred to the following agencies:

Date	Request #	Agency	Contact Name	Contact Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1-1-2010

Disaster Volunteer Request Form

Disaster Volunteer Request Form

PLEASE PRINT

Date _____

Requesting Organization _____ Contact Person _____

Phone: Day _____ Evening _____ Fax _____

Address _____ City _____ Zip _____

Volunteer Position Categories (please select all that apply):

<input type="checkbox"/> Medical	<input type="checkbox"/> Message Runner	<input type="checkbox"/> Language (specify below)	<input type="checkbox"/> Care & Shelter
<input type="checkbox"/> Communications	<input type="checkbox"/> Accounting	<input type="checkbox"/> Child Care	<input type="checkbox"/> Heavy Labor
<input type="checkbox"/> Traffic/Crowd Control	<input type="checkbox"/> Answering Phones	<input type="checkbox"/> Animal Care	<input type="checkbox"/> Driver (list classes below)
<input type="checkbox"/>	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Medical	<input type="checkbox"/> Carpentry
<input type="checkbox"/>	<input type="checkbox"/> General Clerical	<input type="checkbox"/> Counselor	<input type="checkbox"/> Plumber
<input type="checkbox"/>	<input type="checkbox"/> Computer Systems	<input type="checkbox"/> Special Populations (seniors, disabled)	<input type="checkbox"/> Electrician
		<input type="checkbox"/> Interviewer/Customer Service	<input type="checkbox"/> Debris Removal
		<input type="checkbox"/> Legal	<input type="checkbox"/> Food Prep/Service

Position Title: _____

Volunteer Position Description (describe tasks/duties):

Desired Skills/Qualifications (include language skills needed):

Physical Requirements of Position:

Hours/Days Needed: _____

Expected Duration: _____

Work Location: _____

Is site handicapped accessible? Yes No

Work site contact _____ Work site phone _____

How should volunteer make contact (phone site, phone office, go to site, etc.)

Special instructions, clothing, equipment or other necessities

Number of volunteers needed _____

Minimum _____

EVC Use Only:	Job Number _____
Information taken by _____	Data Entry Date _____

1-1-2010

Disaster Volunteer Referral

Disaster Volunteer Referral

Name of Volunteer _____ Date _____

Referred to (agency) _____ Request # _____

Agency contact name _____ Phone _____

Address of Agency/Site _____

Directions to Site _____

Title of volunteer assignment _____

Dates & hours volunteer will work _____

Volunteer: Take this form with you to work site!

Disaster Volunteer Referral

Name of Volunteer _____ Date _____

Referred to (agency) _____ Request # _____

Agency contact name _____ Phone _____

Address of Agency/Site _____

Directions to Site _____

Title of volunteer assignment _____

Dates & hours volunteer will work _____

Volunteer: Take this form with you to work site!

REQUEST BOARD SAMPLE SET-UP

(Adjust columns, widths, etc according to your needs, considering whether you are staffing multiple shifts, etc. If you are staffing lots of positions with multiple shifts, you may want to include separate rows for each shift, as in the second half of this chart.)

Request #	Job Title	Dates/Times	# Needed	Skills Required	Notes	Agency/ Contact
24	Sandbagger	8/22 1000-1400	6	Lift 40#		City 555-5555
25	Dog handler	8/22-24 0900-1200	2 per day	Comfortable w/ animals	Youth 16+ OK	Humane Society, 555-5555
26	Receptionist	8/22-26 1200-1700	1 per day	Telephone		JCC, 555-5555
27	Shelter Worker	8/22, 8/23 0900-1600,	2	Stand for long periods	ARC Shelter training required!	American Red Cross, 555-5555

Possible set-up if you have several shifts for many of your jobs:

Request #	Job Title	Dates/Times	# Needed	Skills Required	Notes	Agency/ Contact
25	Dog Handler	8/22 0900-1200	2	Comfortable w/ animals	Youth 16+ OK	Humane Society, 555-5555
		8/23 0900-1200	2	"	"	"
		8/24 0900-1200	2	"	"	"
26	Receptionist	8/22 1200-1700	1	Telephone		JCC, 555-5555

Job Request Board Sample Set-Up

Contact Information

Tammy Jeffs

(308) 865-5675

Community Action Partnership
of Mid-Nebraska

