

**VOLUNTEER AND DONATIONS MANAGEMENT SUPPORT ANNEX
APPENDIX 1: VOLUNTEER RECEPTION CENTER**

Table of Contents

JUSTIFICATIONS

Introduction	4
Concept of Operations	4
Volunteers	5
Vol.Risk Management	6
Staff Selection	6

MOBILIZATION ATTACHMENTS

Position Descriptions

VRC Manager	7-8
Safety Officer	9
Greeters	11
Interviewer	13-14
Data Coordination	15
Logistics/Runners	17
VRC Phone Bank Staff	19
Vol. & Safety Trainers	21-22
Vol. Identification	23
Public Information	25
Demobilization	27

VRC Management

Facility Use Agreement	29
Facility Inspection	31
VRC Sample Layout	33
Employee Sign-in Sheet	34
VRC Volunteer Sign-in Sheet	35
Communication/Problem Log	37
Resource Request_213	39-40
Expense Sheet	41

Volunteer Registration

Volunteer Instruction	43
PCDEM Volunteer Emergency Worker Application	45
Liability Release Form	46
Emergency Worker Certification Statement	47

Volunteer Paperwork Status	49
Interview Comments	51
VRC Safety Training Attendance Record.....	53
Safety Briefing for Volunteers	55
Request for Volunteers	57
Volunteer Referral	59
Field Paperwork	
Generic Emergency Sign-in/Sign-out Record	61
State of Washington Emergency Worker Daily Activity Report (EMD-078).....	63
Authorization to Provide Free Services	65
Emergency Worker Registration Card (EMD-024)	67
Emergency Worker Registration Process (for complete background checks)	69-70
Notice of Emergency Worker Status	71
State Guidelines for Using Emergency Volunteer Workers	
WAC 118-04-180 Responsibilities of authorized officials registering and using emergency workers	73
WAC 118-04-200 Personal responsibilities of emergency workers.	74
WAC 118-04-320 Eligibility requirements and procedures for filing personal injury claims	75-76
RCW 38.52.180 Liability for property damage, bodily injury, death / Immunity /Assumption by state / Indemnification/ Immunity from liability for covered volunteers	76-77
Go Kit Inventory	78
Endnote	79

Justifications

Primary Agencies: Pierce County Citizen Corps Council
Pierce County Department of Emergency Management

I. Introduction

A. Purpose

This appendix describes how unaffiliated volunteers will be registered, assigned and managed for response and recovery activities.

B. Definition

1. The Volunteer Reception Center (VRC) is where large numbers of unaffiliated volunteers can be efficiently processed and registered. All volunteers will be processed and registered at the Volunteer Reception Center.
2. The aim of the VRC is to affiliate spontaneous volunteers with requesting agencies by:
 - a. Registering and interviewing potential volunteers,
 - b. Assigning them to a volunteer opportunity that best meets their needs and skills,
 - c. Providing safety training and job training as necessary; and
 - d. Issuing them a temporary volunteer ID.
3. The Volunteer Reception Center is the administrative branch for the unaffiliated volunteers.

II. Concept of Operations

A. Notification

1. When the EOC Operations Section Chief determines that a Volunteer Reception Center needs to be activated to register unaffiliated volunteers, the Volunteer Coordinator will notify the Volunteer Reception Center Setup Team.
2. The notification will include the nature and scope of the volunteer response. It will also include projected numbers of unaffiliated volunteers that would utilize the Volunteer Reception Center for both short and long term needs.
3. The members of the Volunteer Reception Center Setup Team are:
 - a. Members of the Citizen Corps Council of Pierce County and affiliated agencies.
 - b. PCDEM employees as assigned by the EOC Manager

B. Site Selection

1. The Operations Section Chief and Volunteer Coordinator in consultation with the Volunteer Coordination Group will select a location(s) for the Volunteer Reception Center and coordination with local jurisdictions and/or agencies.

2. Consideration includes:
 - a. Anticipated number of spontaneous volunteers
 - b. Relative ease of access for volunteers with ample parking.
 - c. Far enough removed from the incident so as to not impede response activities.

C. Volunteers

1. Affiliated Volunteers
 - a. Affiliated volunteers will be activated through their affiliate organizations, not through the VRC.
 - b. Affiliated organizations may manage affiliated volunteers according to their existing organizational plans.
 - c. Affiliated volunteers will check-in/out from a shift using the procedures outlined by their affiliated organization, tracking their volunteer work hours on appropriate sign-in and out sheets to track overall volunteer hours.
 - d. Affiliated organizations may be asked to include the WA State Mission Number for the event and submit a copy to PCDEM to submit as proof of volunteer hours in responding to disasters.
2. Unaffiliated Volunteers
 - a. Unaffiliated volunteers will be registered, mobilized, and demobilized through the Volunteer Reception Center.
 - b. The Volunteer Reception Center will act as a registration, administration, and records keeping clearinghouse for all unaffiliated volunteers.
 - c. Volunteers assigned to critical, stressful and/or sensitive response and recovery efforts will need to acquire an unexpired wrist band (as a badge) from the Volunteer Reception Center prior to starting a shift or will be denied access to the worksite.
 - d. On arrival at a worksite, assigned and badged unaffiliated volunteers will check-in and report to the on-scene volunteer liaison, volunteer supervisor, or designee as appropriate.
 - i. Volunteers will check in/out at a work site using a procedure outlined by the VRC to track overall volunteer hours. See Attachments: Field Paperwork to this Appendix.
 - ii. The Volunteer Supervisor, Volunteer Liaison, or designee is responsible for the efficient on-scene application of volunteer effort.
 - iii. Volunteers are required to comply with instructions from their on-site supervisor.
 - iv. Willful disregard of instructions provided by the on-scene supervisor will result in the volunteer being asked to leave the scene.
 - e. Unregistered Volunteer Management
 - i. Unregistered volunteers are volunteers that have not registered with Pierce County Department of Emergency Management through the VRC. Most commonly refers to volunteers that show up within minutes of an emergency.
 - ii. Neither Pierce County Department of Emergency Management nor the Citizen Corps Council of Pierce County is responsible for the actions of unregistered volunteers. Local law enforcement may be requested to facilitate management of unregistered volunteers.
 - iii. Pursuant to WAC 118-04-180(3) temporary registration may be authorized in emergency situations requiring immediate or on-scene recruiting of volunteers to assist in time-critical or life-threatening situation. (pp. 73)

- iv. Registration must occur pursuant to WAC 118-04-180 (3)(b,c).
 - v. All other volunteers must be registered as a prerequisite to serving in any volunteer capacity.
3. Volunteer Risk Management
- a. Volunteers will not serve in a volunteer capacity for any longer than twelve (12) hours in any twenty-four (24) hour period.
 - b. The Volunteer Coordination Team will provide a trained safety officer who:
 - i. Is responsible for an overall safety plan, safety briefings, and tracking injuries.
 - ii. Confirms the presence of an on-site safety person at the scene responsible for overseeing activities.
 - iii. Regulates participation, shift length, and any other issues related to the safety of the volunteers.
 - c. Volunteers will take all meal and rest breaks that are provided.
 - d. Injuries and property loss will be compensated pursuant to RCW 38.52.180. (pg. 75-76)
 - e. Volunteer responsibilities and behavior.
 - i. Volunteers must inform their superiors about any conditions (health, mental health, injuries, etc.) that may affect their functioning as a volunteer.
 - ii. Volunteers must operate in a capacity appropriate to response and recovery activities.
 - iii. Other responsibilities of volunteers are pursuant to WAC 118-04-200. (pg.74)

D. Staff Selection

- 1. Volunteer Reception Center Manager Selection
 - a. The EOC Operations Section Chief and EOC Volunteer Coordinator in consultation with the Volunteer Coordination Group will select a VRC manager.
- 2. Volunteer Reception Center Safety Officer
 - a. The EOC Operations Section Chief and EOC Volunteer Coordinator will select a VRC safety officer.

Mobilizationⁱ

The following pages are instructions regarding mobilization of the Volunteer Reception Center plus necessary supporting forms.

Volunteer Reception Center Manager

The VRC manager oversees the general operations of the center. Prior to opening the center the manager will obtain the following information from the CCC EOC Liaison.

- Nature of the disaster;
- The location of the Volunteer Reception Center;
- Scope of the expected unaffiliated volunteer response;
- Scope of the current and expected affiliated volunteer responses;
- Facility contact person; and
- Identify additional staff able to assist in the Volunteer Reception Center setup and management.

Initial Actions:

- Coordinate the transport of the "Go Kit" (see Attachment - Go Kit) from Pierce County Department of Emergency Management to the Volunteer Reception Center site.
- Negotiate with a facility representative and sign a *Facility Agreement* (see Go Kit for administrative forms). Conduct pre-occupancy inspection using the *Facility Inspection Checklist* to review the condition of the site, noting all pre-existing damage.
- Establish and maintain contact with the EOC Volunteer Coordinator.
- Order start-up supplies and equipment and request any support needed such as security, HAM radio operators, or Public Information Officers.
- Meet and thank all volunteers and staff who help in the VRC
 - ✓ Remind them to sign in and out on the Volunteer Sign-in/Sign-out Record.
 - ✓ Instruct paid staff to sign in and out on the Employee Records.
 - ✓ Make sure all VRC staff display appropriate identification.
 - ✓ In a fast paced disaster both paid and volunteer staff will need regular reminders to sign out before they leave.
- Maintain all records of safety and job training provided to volunteers, and hours worked in the VRC by employees and volunteers.
- In consultation with a facility representative and the Volunteer Reception Center Setup Team, survey and lay out a space plan for the Volunteer Reception Center. Keep in mind the following:
 - ✓ Secured Storage
 - ✓ Manager's Office
 - ✓ Isolated Interview Rooms (if possible)
 - ✓ Communications Capabilities
 - ✓ Restrooms
 - ✓ Staff Only Areas
 - ✓ Waiting Areas

(over)

- ✓ Volunteer Briefing Area (Safety and Job-Specific)
- ✓ Place signs clearly indicating station locations
- ☐ Organize and brief staff. Assign staff to perform the tasks on the following checklists:
 - ✓ Welcome / Registration / Waiting Area
 - ✓ Interviews / Data Coordination
 - ✓ Logistics / Facilities
 - ✓ Public Information
 - ✓ Volunteer Management / Identification

On-going Actions:

- ☐ Project staffing and other support requirements for the next 72 hours. Notify the EOC Volunteer Coordinator.
- ☐ Coordinate recruitment of additional setup personnel.
- ☐ Obtain any additional materials required for setup and operation of the Volunteer Reception Center.
- ☐ Turn all records in to PCDEM's Finance Budget Department weekly or at the end of the activation.
- ☐ Using the Communications and Problem Logbook, document everything important.
 - ✓ Staff names and ID#
 - ✓ Shift dates, start and end times
 - ✓ Break times
 - ✓ Abnormalities, problems, suggestions, concerns

Items needed:

- ID badges
- Tables and chairs (see layout on page 33 for sample set-up)
- "Go Kit" with office supplies and forms to stock VRC for first 2-3 days
- Items on the Supplies and Equipment list
- Clipboard

Safety Officer

Note: The safety officer has the right to completely halt any activity, operation, or event that in his/her opinion is considered to be unsafe. All staff and residents must comply with all directives issued by the safety officer.

Preliminary Information:

The Safety Officer will obtain the following information from the EOC Volunteer Coordinator:

- Nature of the disaster
- Assigned Volunteer Reception Center location
- Estimated number of incoming volunteers
- Facility contact person
- Contact person/supervisor at EOC

Initial Actions:

- Consult with the Volunteer Reception Center manager to lay out a floor plan for the VRC.
- Organize and brief staff on VRC safety protocols.
- Work with law enforcement to develop a traffic safety plan.
- Develop an overall safety plan.

On-going Activities

- Be alert to any safety issues that arise and report to the VRC Manager.
- Request LE support if necessary.
- Using the Communications and Problem Logbook, document everything important.
 - ✓ Staff names and ID#
 - ✓ Shift dates start and end times
 - ✓ Break times
 - ✓ Abnormalities, problems, suggestions, concerns.

(This page left intentionally blank)

Greeters (predicted setup staff: 2-3) **Station #1 Registration**

Initial Actions

- Sign in and obtain your ID badge.
- Acquire materials for setup from the Go Kit.
- If the Registration Area cannot be near the main facility entrance, setup the Welcome Table or equivalent, near the entrance to direct volunteers to the registration area and waiting area.
- Ensure adequate seating in the waiting area, based on estimated number of spontaneous volunteers arriving.

On-going

Ideally, you will be working with a partner, orienting volunteers inside and outside the volunteer entrance. Your job is to greet people with a friendly and firm demeanor, determine the purpose of their visit and direct them accordingly.

- If they are there to volunteer, thank them, give them a “Volunteer Instructions” sheet and ask them to fill out a registration form. When the form is complete, direct them to the next available interviewer at Station #2.
- If they are media personnel, direct them to the Public Information Officer or refer to Emergency Operations Center PIO.
- If they are disaster survivors, refer them to the DSAT team, providing a contact phone number which you can be obtained through the CCC Liaison team in the EOC.
- If they are bringing cleaning supplies, nonperishable food, etc. to donate, refer them to the CCC, providing a contact phone number which you can be obtained through the CCC Liaison team in the EOC.
- If there is a long wait, some volunteers may not understand and become impatient. Please thank everyone for volunteering, briefly explain the process and ask everyone to be patient or, if they prefer, to come back later.

Items needed:

- ID badge
- Sign (Station #1 Registration)
- Table or clipboards and chairs for volunteers to use for filling out their forms
- Supply of “Volunteer Instructions” handouts
- Supply of Disaster Volunteer Registration forms
- Pens
- Flag (pompoms) to summon runners

(This page left intentionally blank)

Interviewer (predicted setup staff: 2-3) **Station #2 Interviews**

Initial Actions:

- Sign in and obtain your ID badge.
- Acquire materials for setup from the Go Kit.
- Consult with the Volunteer Reception Center Manager to determine expected numbers of interviews and how interview stations will be setup (i.e. offices, large room with tables, other).

On-going Actions

- When a new volunteer approaches, ask for his/her registration form:
 - ✓ Verify completeness and accuracy.
 - ✓ Check information against picture ID card.
 - ✓ Use it as a guide to inquire more about volunteer skills.
- Notify accepted volunteers of their current status: Referred, Assigned, Unassigned.
 - ✓ Tell volunteers where, when, and to whom they should report.
- Notify denied candidates that the response does not have any volunteer requests that can be filled by their abilities at this time.
- When interview is complete, **keep the registration form.**
- When a volunteer accepts an assignment, complete a Referral form, filling in all information requested.
- Direct volunteer to Data Coordination (Station #3).
- Before your next interview:
 - ✓ Jot down any notes you feel important about the volunteer.** (see back)
 - ✓ Place the registration in the file.
- Signal with a flag (pompom) that you are ready for the next volunteer.

Key points to remember:

- ✓ You may not have the time to find a perfect fit for each volunteer.
- ✓ Refer volunteers on the spot if possible—it may be difficult to contact them later.
- ✓ If a volunteer has special training or unusual skills that might be needed soon, ask that person to wait in the sitting room for a while and check the volunteer request board for that specialized skill.
- ✓ Keep an eye out for volunteers who might work well in the VRC.

(over)

- ✓ Some volunteers may be victims themselves. Be patient and understanding.
- ✓ You may be called upon to train new volunteers to assist with the interviewing.

Items needed:

- ID badge for each interviewer
- 2-3 tables and 8-12 chairs (see floor plan)
- Sign (Station #2 Interviews)
- A supply of Referral forms
- Flag (pompom) to summon runners
- Files for maintaining Volunteer Registration Forms in alphabetical order.

***The VRC Director should determine appropriate use of the "Official Use Only" field on the registration form. It is intended to provide a customizable "blind" field in which special information can be noted about volunteers. If, for future referral of that volunteer, it would be helpful to know his general level of ability to work independently, boxes 1-5 could be coded:*

- 1. Learns quickly, able to supervise the activities of others;*
- 2. Would work well independently, good decision making skills;*
- 3. Needs some supervision and assistance with decision making;*
- 4. Needs close or constant supervision; and/or*
- 5. Has a mental, physical or emotional limitation to consider in making a referral.*

Data Coordination (predicted staff: 2-4)

Station #3

Initial Actions

- Sign in and obtain your ID badge.
- Acquire materials for setup from the Go Kit.
- Data Coordination area should be near the interview stations and have access to as many communication methods as possible. Telephone is preferable; multiple telephones are a bonus.
- Let the Volunteer Reception Center Manager and the Volunteer Coordinator in the EOC know the best method to contact Data Coordination.
- Setup a method to track and display volunteer requests and current status. This may be a blackboard, whiteboard, computer, notepad, or any method that works.

On-Going Actions

- When a volunteer brings you his Referral form:
 - ✓ Pull corresponding Request for Volunteers form from the file
 - ✓ Enter name and date of referral on the bottom of the Request form.
 - ✓ Place your initials in the appropriate box on his Referral form.
 - ✓ Direct volunteer to Station #4 for Safety Briefing.
- Raise your flag (pompom) for a runner and ask him to confirm the request has been removed from the board.
- As you have time call the agency contact to:
 - ✓ Let them know who or how many volunteers have been referred.
 - ✓ Confirm if they still need volunteers referred or to close out the request.
- Enter date and reason the request was closed.
- If this data was entered into a computer, make sure this information is entered ASAP.
- Place Open Requests in one file and Closed Requests in the other, alphabetically by agency.

Items needed:

- ID Badge for each staff member
- Sign (Station #3 Data Coordination)
- Two tables and four chairs
- Phone
- Two sets of files—one for open Requests for Volunteers and one for closed-out Requests
- Pens
- Computer, if available
- Flag (pompoms) to summon runners

(This page left intentionally blank)

Logistics / Runners (Initial Projected Staff: 3-5)

Logistics is the "jack-of-all-trades". They ensure that secured areas stay secure, the facility is in proper working condition, every station has everything needed to adequately perform their duties, escort volunteers to other areas of the Volunteer Reception Center, among other things.

Initial Actions

- Sign in and obtain your ID badge.
- Acquire materials for setup from the Go Kit.

On-going Actions

- Control access to secured areas.
- Maintain the facility in proper working condition.
- Ensure adequate staffing and supplies are at every Volunteer Reception Center area.
- Identify items that need to be ordered and complete an ICS 213 form to take to VRC Manager for signature.
- Get the 213 to the Phone Bank Staff to contact the EOC or scan/fax the ICS 213 to the Citizen Corps Table in the EOC.
- Escort volunteers to other areas of the Volunteer Reception Center.
- Obtain needed supplies.
- If necessary, complete a Resource Request-213 form and get Manager's signature.
- Call the CCC Liaison Team (798-7470) at the EOC to place the request.
- Other assorted duties as necessary.
- Using the Communications and Problem Logbook, document everything important:
 - ✓ Staff names and ID#
 - ✓ Shift dates start and end times
 - ✓ Break times
 - ✓ Abnormalities, problems, suggestions, concerns

Items needed:

- An ID Badge
- Dry erase marker or water soluble marker as appropriate for writing surface
- Dry eraser or damp sponges
- A supply of Resource Request_213 forms

(This page left intentionally blank)

VRC PHONE BANK STAFF (Initial projected staff – 2-3)

Location of phone bank is dependent upon phone capabilities. It may be that a volunteer phone bank staff will be housed off-site, like at the EOC. Communications needs to get involved with determining this process.

Initial Actions

- Sign in and obtain your ID badge.
- Acquire materials for setup from the Go Kit.

On-going Actions

- You will be handling three types of calls—from agencies requesting volunteers and people wanting to volunteer.
 1. Information must be complete and with sufficient detail to match volunteers to the needs
 2. Ask questions in the order in which they appear on the form.
 3. Assist in relaying information back and forth from the Citizen Corps Table in the EOC.
- When an agency calls
 - ✓ Fill out a Request for Volunteers while you are on the phone with the agency person.
 - ✓ If you have a computer, enter the information at that time.
 - ✓ When complete, signal a runner to post the information on the board at Station #2.
 - ✓ Runner takes the Request for Volunteers form to Data Coordinator at Station #3.
- When people call to volunteer, thank them and give them the following registration options:
 1. They may register in person at the VRC.
 2. If it is a group that wishes to volunteer together, let them know it may take a little time to find where they can be of most help.
- When contacting the EOC
 - ✓ Request to speak to the Citizen Corps Table
 - ✓ Get name and number of person with whom you are talking.
 - ✓ Relay the information you have been requested to enter.
 - ✓ Keep all paperwork, including ICS forms, organized in a folder.

Items needed:

- An ID badge for each staff member
- Two tables and four chairs
- Phone bank sign
- Phones
- Supply of Request for Volunteers (form 5)
- File folders (at least 3)
- Pens
- Flag (pompom) to summon a runner

(This page left intentionally blank)

VOLUNTEER & SAFETY TRAINERS (initial projected staff – 1)

Station #4 Safety Briefing

Safety training should be provided for all volunteers before they leave the Volunteer Reception Center, even if they will receive job-specific safety training at their volunteer location. Safety training is an important risk management strategy and can also help volunteers recognize the signs of critical incident stress (also called compassion fatigue).

Initial Actions

- Sign in and obtain your ID badge.
- Acquire materials for setup from the Go Kit.

On-going Actions

- Brief all new volunteers and **remember to thank them.**
- Make sure they sign in on the attendance sheet and check to make sure all participants have signed. Explain:
 - ✓ What to expect at their job sites
 - ✓ How to be safe while volunteering
 - ✓ How to take care of themselves after their experience
 - ✓ How it helps protect the VRC, voluntary agencies and emergency management from liability, should a volunteer be injured on the job.
- Read the entire Safety Training sheet slowly, emphasizing the importance of following supervisors' instructions.
- Brief volunteers on proper sign-in/sign out procedures.
- Brief volunteers on proper reporting procedures.
- Ask if there are any questions.
- If you don't know the answer, use a flag (pompom) to signal a runner to bring someone who may know the answer.
- Encourage everyone to attend a debriefing, if available.
- When finished, direct volunteers to Station #5: Volunteer ID.
- Attach a copy of the safety briefing to the attendance sheet for each class, file in the folder and turn the forms in to the VRC Director daily.

(over)

Items needed:

- ID Badge
- Pen
- Sign (Station #4: Safety Training)
- A stack of the Safety Briefing sheet
- Several copies of the VRC Safety Training Attendance Record
- Staples
- Flag (pompom) to summon runners
- 10 or more chairs, preferably in a semi-circle
- List of additional training required by specific worksites, training locations, and instructors
- Clipboard with attendance sheets
- A supply of Safety Training handouts

VOLUNTEER IDENTIFICATION (initial projected staff – 2-4)

Station #5: Volunteer ID

Volunteer Identification is designed to create easily identifiable and standardized identification for volunteer workers.

Initial Actions

- Sign in and obtain your ID badge.
- Acquire materials for setup from the Go Kit.

On-going Actions

- Thank all volunteers for coming out and ask to see their Referral forms.
- Clearly write on an ID wristband
 - ✓ The name of the volunteer
 - ✓ Date he/she will be working
 - ✓ Name of the agency to which the volunteer is referred, as shown on Referral form.
- Place ID wristband securely on the volunteer's wrist.

Items Needed

- A supply of ID wrist bands
- Permanent marker for writing information on the band.

(This page left intentionally blank)

PUBLIC INFORMATION (initial projected staff – 1)

The Public Information position is assigned by the EOC Operations and the Joint Information Center (JIC) manager. This person will maintain communication with JIC and disseminate a consistent message to the media and public. Public Information will answer questions from volunteers as applicable.

Initial Actions

- Sign in and obtain your ID badge.
- Acquire materials for setup from the Go Kit.

On-going Actions

- Obtain a list of contact phone numbers for the JIC, CCC Liaison Team, DSAT, and other points of contacts people may need.
- Field all media requests for information or refer them to the JIC.
- Give tours of the Volunteer Reception Center as appropriate.
- Distribute materials applicable to Public Information.
- Answer questions from volunteers as necessary.
- Using the Communications and Problem Logbook, document everything important.

(This page left intentionally blank)

DEMOBILIZATION

The following are instructions for demobilization of the Volunteer Reception Center. It is expected everyone working at the VRC at the time of demobilization will assist with the process.

Checklist for demobilization:

- Obtain all Communication/ Problem Log books.
- Return all applicable materials to the Go Kit.
- Make copies of all computer records.
- Collect all hard-copy files, organized appropriately.
- Return the facility to pre-occupancy condition.
- With a facility representative use *Facility Inspection Checklist* to do a facility walk-through, citing any damage or wear and tear to the facility. Please note on the form what steps will be taken to correct any disparities.
- Return all keys to the facility manager.
- Return the Go Kit to Pierce County Department of Emergency Management.
- Make sure all workers sign-out before leaving.
- Notify the Volunteer Coordinator of completed demobilization.

(This page left intentionally blank)

FACILITY USE AGREEMENT

This agreement is made between:

_____ of _____, Washington (referred to as "OWNER"), and

_____ of _____, Washington (referred to as "USER"), concerning the use of the following OWNER facilities on the dates and times specified below:

Facilities: _____

Dates and Times: _____

The USER agrees to comply with the following terms and conditions:

1. The USER will reimburse the OWNER for any and all damages caused to the facilities and/or the equipment therein. The USER will submit a damage deposit in the amount of \$_____. The damage deposit will be returned to the USER if there are no damages to the facilities or equipment.
2. The USER assumes all responsibility and liability for the requested use and agrees to defend, indemnify and hold OWNER harmless from any and all loss, damage or injury to any person or property arising from use of the facilities.
3. The USER agrees to reimburse the OWNER for any damage, clean-up or hazardous waste related expenses, including disposal, shipping, damages, and or penalties imposed as a result of its use.
4. The parties agree that the USER, its agents and employees, are not agents or employees of OWNER. The USER will be solely responsible and will assume full responsibility for the actions and omissions of its agents and employees when using any OWNER equipment.
5. The USER will be solely responsible to provide adequate supervision of the activities conducted in OWNER facilities.
6. The USER will comply with all applicable state laws and OWNER regulations.

USER Representative Signature and Date

OWNER Representative Signature and Date

(This page left intentionally blank)

FACILITY INSPECTION CHECKLIST

Use a separate sheet for every room to be used.
 Note solutions to correct damage to facility on back of form.

Room: _____

Room Item	Preoccupancy	Comment	Postoccupancy
Light Fixtures	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Doors	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Floors/Carpet	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Walls/Trim	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Ceiling	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Windows/Screens	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Shades/Curtains	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Closets	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Cabinets	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Drawers	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Counter Tops	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Refrigerators	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Stove/Oven	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Exhaust Fan	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Sink	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Mirrors	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Toilet	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Tub/Shower	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Other	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Other	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Other	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Other	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Other	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Other	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad
Other	<input type="checkbox"/> OK <input type="checkbox"/> Bad		<input type="checkbox"/> OK <input type="checkbox"/> Bad

Pre-occupancy Facility Representative Signature

Date

Pre-occupancy User Representative Signature

Date

Post-occupancy Facility Representative Signature

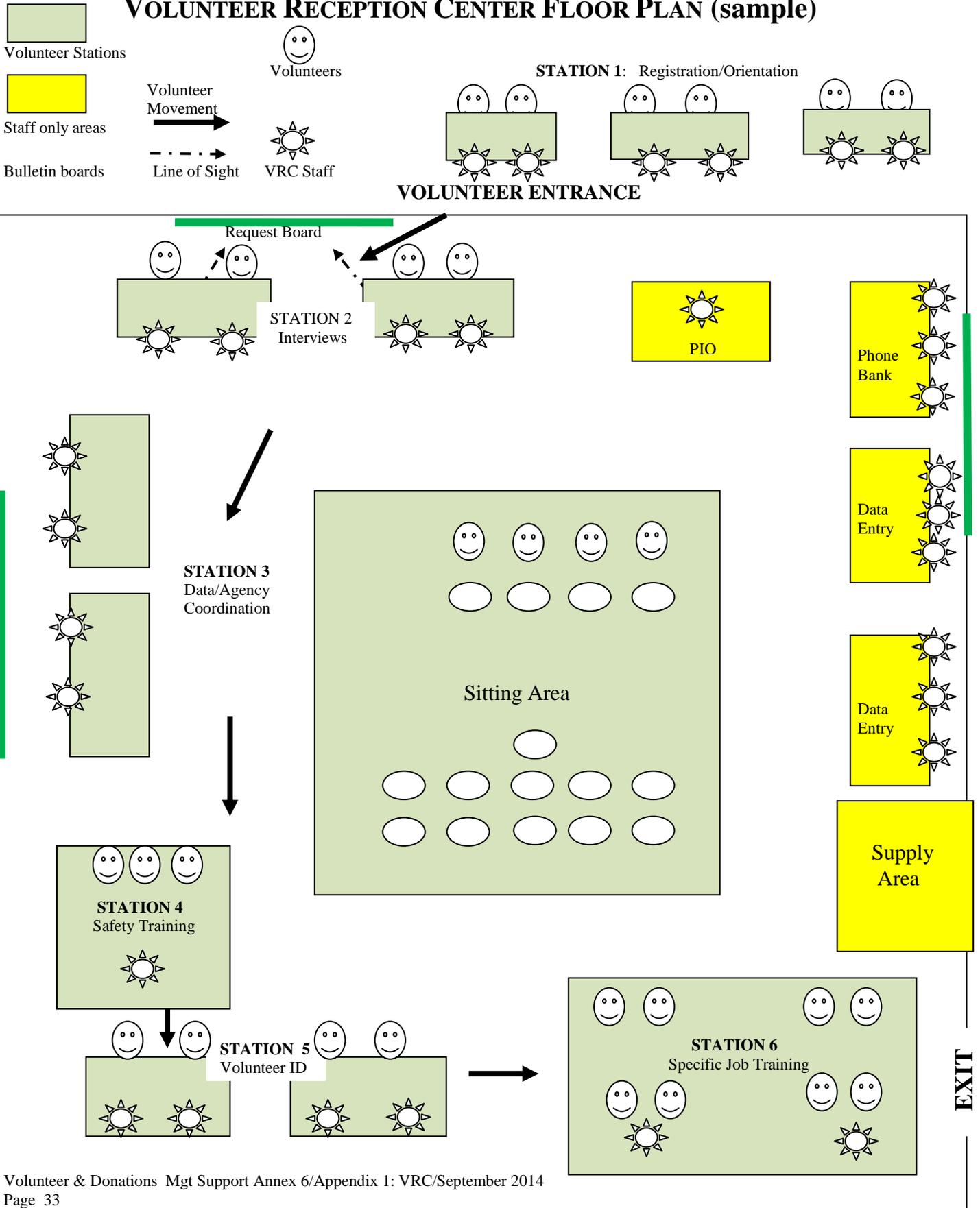
Date

Post-occupancy User Representative Signature

Date

(This page left intentionally blank)

VOLUNTEER RECEPTION CENTER FLOOR PLAN (sample)



(This page left intentionally blank)

COMMUNICATION AND PROBLEM LOG

Facility: _____

Department: _____

Date: _____

When noting time, use 24 hour time, i.e. 6:00 PM is 1800, 9:43 AM is 0943.

TIME	COMMUNICATION/PROBLEM

(This page left intentionally blank)

VRC Resource Request Form (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. Requestor's Information:		
a. Name and Position:	c. VRC Name:	
b. Contact Information:	d. Operational Area:	
4. Subject:	5. Date:	6. Time
7. Message (Item Info):		
a. Describe what is needed:		
b. When is it needed?		
c. Does it come with anything, e.g. maintenance agreement?		
d. Intended user's name:		
8. Delivery information:		
a. Deliver to (person):		
b. Address:		
d. Street intersection:\		
e. Delivery Date/Time:		
9. Approved by: Name:	Signature:	Position/Title:
10. Reply:		
11. Replied by: Name:		
Signature:		
ICS 213	Position/Title:	Date/Time:

ICS 213 General Message

Purpose: The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that require hard-copy delivery.

Preparation: The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution: Upon completion, the ICS213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Notes:

- The ICS 213 is a three-part form, typically using carbon paper; the sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Referee to 213RR example (Appendix B)

#	Block Title	Instructions
1	Incident Name (Optional)	Enter the name assigned to the incident. This block is optional.
2	To (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	From (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	Subject	Enter the subject of the message.
5	Date	Enter the date (month/day/year) of the message.
6	Time	Enter the time (using the 24-hour clock) of the message.
7	Message/Item Info	Enter the content of the message. Try to be as concise as possible. a. Describe what is needed b. Time frame c. list items it comes with d. Write the name of the person the item is intended for. e. Other: place to put additional information if necessary.
8	Delivery Information	Enter the delivery information. a. Who is it being delivered to? b. Write the address to be delivered to. c. Write the street intersection d. Write the date and time of delivery
9	Approved by • Name • Signature • Position/Title	Enter the name, signature, and ICS position/title of the person approving the message.
10	Reply	The intended recipient will enter a reply to the message and return it to the originator.
11	Replied by • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24hour clock).

(This page left intentionally blank)

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 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 Briefing area at Station #4.
4. Safety Briefing Area: You will be given special instructions about safety, security & transportation. Proceed to ID area at Station #5.
5. Identification Area: You will receive an ID bracelet that will allow you to enter restricted areas during the day(s) written on ID. You may be directed to the exit or to Station #6 for additional job training.
6. Specific Job Training: Some jobs will require extra orientation or training that will be provided by the agency to which you are referred.

Thank you for volunteering!

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 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 Briefing area at Station #4.
4. Safety Briefing Area: You will be given special instructions about safety, security & transportation. Proceed to ID area at Station #5.
5. Identification Area: You will receive an ID bracelet that will allow you to enter restricted areas during the day(s) written on ID. You may be directed to the exit or to Station #6 for additional job training.
6. Specific Job Training: Some jobs will require extra orientation or training that will be provided by the agency to which you are referred

Thank you for volunteering!

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 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 Briefing area at Station #4.
4. Safety Briefing Area: You will be given special instructions about safety, security & transportation. Proceed to ID area at Station #5.
5. Identification Area: You will receive an ID bracelet that will allow you to enter restricted areas during the day(s) written on ID. You may be directed to the exit or to Station #6 for additional job training.
6. Specific Job Training: Some jobs will require extra orientation or training that will be provided by the agency to which you are referred.

Thank you for volunteering

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 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 Briefing area at Station #4.
4. Safety Briefing Area: You will be given special instructions about safety, security & transportation. Proceed to ID area at Station #5.
5. Identification Area: You will receive an ID bracelet that will allow you to enter restricted areas during the day(s) written on ID. You may be directed to the exit or to Station #6 for additional job training.
6. Specific Job Training: Some jobs will require extra orientation or training that will be provided by the agency to which you are referred.

Thank you for volunteering!

(This page left intentionally blank)

Date _____

Citizen Corps of Pierce County Volunteer Emergency Worker Application

(Please print clearly.)

Mr. ___ Mrs. ___ Ms. ___ Name _____ Birth Date _____ Day Phone _____

E-mail address _____ Evening Phone _____

Home Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____ Emergency _____

Phone _____

Your Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

If you have any health limitations, please explain

Are you currently affiliated with a disaster relief agency? If yes, name of agency: _____

Special skills and/or vocational/disaster training: _____

SKILLS: Please check all that apply.

MEDICAL
 Doctor Specialty: _____
 Nurse Specialty: _____
 Emerg. medical cert.
 Mental health counsel.
 Veterinarian
 Veterinary technician

COMMUNICATIONS
 CB or ham operator
 Hotline Operator
 Own a cell phone
 # _____
 Own a satellite phone
 # _____
 Public relations
 Web page design
 Public speaker

Language other than English:
 Spanish
 Korean
 Chinese
 Ukrainian
 Russian
 Tagalog
 French
 German
Other _____

OFFICE SUPPORT
 Clerical - filing, copying
 Data entry Software: _____
 Phone receptionist

SERVICES
 Food
 Elderly/disabled asst.
 Child care
 Spiritual counseling
 Social work
 Search and rescue
 Auto repair/towing
 Traffic control
 Crime watch
 Animal rescue
 Animal care
 Runner
 Specific disability _____

STRUCTURAL
 Damage assessment
 Metal construction
 Wood construction
 Block construction
 Cert. # _____
 Plumbing
 Cert. # _____
 Electrical
 Cert. # _____
 Roofing
 Cert. # _____

TRANSPORTATION
 Car
 Station wagon/minivan
 Maxivan, capacity _____
 Own ATV
 Own 4X4
 Own truck, description: _____
 Own boat, capacity _____
 Type: _____
 Commercial driver
 Class & license #: _____
Camper/RV, capacity & type : _____
 Wheelchair transport

LABOR
 Loading/shipping
 Sorting/packing
 Clean-up
 Operate equipment
Types: _____
 Have supervisory experience

EQUIPMENT
 810 Backhoe
 820 Chainsaw
 830 Generator
 840 Other: _____

I certify the information above is true and correct.

Name _____ Date: _____

(over)

Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer in disaster relief efforts to be conducted by Citizen Corps of Pierce County, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise or other activity of any nature, including the use of equipment and facilities of Citizen Corps of Pierce County.

Further, I, for myself and my heirs, executors, administrators and assigns, hereby release, waive and discharge Citizen Corps of Pierce County and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Washington, 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 currently have no known physical or mental condition that would impair my capability for full participation as intended or expected of me.

Further, 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: _____

Print Name: _____

Emergency Worker Certification Statement

- Emergency workers have the responsibility to notify the on-scene authorized official if they have been using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.
- Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of or while using narcotics or any illegal controlled substance is prohibited.
- Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of alcohol is prohibited.
- Emergency workers participating in any mission, training event, or other authorized activity shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission unless specifically directed otherwise by an authorized official in accordance with RCW [38.52.180](#). All emergency workers driving vehicles to or from a mission must possess a valid driver's license and required insurance.
- Use of private vehicles, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance required by chapter [46.29](#) RCW is prohibited unless specifically directed otherwise by an authorized official in accordance with RCW [38.52.180](#).
- Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity. This provision does not apply to individuals who have completed the emergency vehicle operator course or the emergency vehicle accident prevention course and who are duly authorized under state law to use special driving skills and equipment and who do so at the direction of an authorized official.
- Emergency workers have the responsibility to comply with all other requirements as determined by the authorized official using their services.
- When reporting to the scene, emergency workers have the responsibility to inform the on-scene authorized official whether they are mentally and physically fit for their assigned duties. Emergency workers reporting as not fit for currently assigned duties may request a less demanding assignment that is appropriate to their current capabilities.
- Emergency workers have the responsibility to check in with the appropriate on-scene official and to complete all required recordkeeping and reporting.
- Emergency workers may not act in a manner that is inconsistent with their verified skill level. Such an action will result in immediate revocation of emergency worker status and may result in criminal charges being filed.

I, _____, certify that I am aware of and will comply with all applicable responsibilities and requirements set forth in the above rules.

Signature

Date

(This page left intentionally blank)

Volunteer Paperwork Status

Name: _____ Date: _____

- | | |
|---|--|
| <input type="checkbox"/> Volunteer Application | <input type="checkbox"/> Liability Release |
| <input type="checkbox"/> Notice of Emergency Worker Status | <input type="checkbox"/> Safety Briefing |
| <input type="checkbox"/> Notice of Volunteer Safety and Security | |
| <input type="checkbox"/> Emergency Worker Certification Statement | |

Interviewed: Yes No

Post-Interview Status

- Accepted Assigned: _____
- Accepted Unassigned
- Referred: _____
- Declined

ID Badge Made: Yes No

Volunteer Paperwork Status

Name: _____ Date: _____

- | | |
|---|--|
| <input type="checkbox"/> Volunteer Application | <input type="checkbox"/> Liability Release |
| <input type="checkbox"/> Notice of Emergency Worker Status | <input type="checkbox"/> Safety Briefing |
| <input type="checkbox"/> Notice of Volunteer Safety and Security | |
| <input type="checkbox"/> Emergency Worker Certification Statement | |

Interviewed: Yes No

Post-Interview Status

- Accepted Assigned: _____
- Accepted Unassigned
- Referred: _____
- Declined

ID Badge Made: Yes No

(This page left intentionally blank)

Interview Comments

Volunteer Name: _____

Interviewer Name: _____

Interview Date: _____

Comments: (use back of page or additional comment forms if necessary)

Status:

<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Refer	<input type="checkbox"/> Other:
---------------------------------	----------------------------------	--------------------------------	---------------------------------

Interviewer

Signature _____ Date _____

(This page left intentionally blank)

SAFETY BRIEFING FOR VOLUNTEERS

- 1. Sign in before you begin your shift, including your address, emergency information and time you begin.**
2. Your safety is our most important concern. Please use caution and common sense when working. If you feel an area is unsafe, **DO NOT ENTER**. If you see an unsafe situation, **IMMEDIATELY ALERT** the persons involved to stop and contact the Safety person for your group.
3. If you will be working outside, dress for the weather. Wear sturdy boots, as debris on the ground can be sharp and dangerous.
4. Bring work gloves, eye protective gear, any appropriate tools you have. You will be responsible for your tools.
5. For working inside, bring rubber gloves and breathing masks.
6. Water may be available at your work site, but you are encouraged to bring a personal water container. It is important to drink lots of water while you work.
7. While working, you will have a higher than normal exposure to bacteria. When you take a break, wash your hands thoroughly.
8. Remove exposed clothing/shoes before entering your home and clean them thoroughly.
9. The work you will be doing may cause you stress, anxiety, fear or other strong emotions. You are providing a valuable service by volunteering today. Please understand that, by helping, we will not be able to undo the effects of this event. We are each just one person. All we can do is help in our own small ways to assist victims into the recovery process. If you care for one lost animal, find one child's lost favorite toy, or hold the hand of one wheelchair bound senior in a shelter, you will have eased a little of the pain.

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 to relieve the stress.
10. Children over the age of 14 can help with the disaster recovery work in some areas, but parents must sign a release of liability form for each child under the age of 18.
11. In case you are injured, it is best to rely on your own health insurance policy. The agency with which you are volunteering *might* have a policy that will cover you while you volunteer for disaster relief.
- 12. Follow carefully any instructions given to you at your job site.**
- 13. Please attend any debriefing activity provided at your worksite after your shift.**
- 14. Remember to sign out before you leave the work area.**

Thank you for volunteering today!

(This page left intentionally blank)

Request for Volunteers

(Complete one form for each job description.)

Request # _____ Today's Date: _____ Start Date: _____ End Date: _____

Title of Volunteer Position: _____

Agency Name: _____ Agency Contact: _____

Agency Address: _____ Phone: _____ Ext: _____

Duties: _____

Volunteers must be physically able to _____

Number Needed: _____ Dates/Hrs Needed: _____

For this position, volunteers must be at least ____ years of age.

Skills Needed (If computerized, select from skill # listed on Disaster Volunteer Registration Form)

Job Skill #	Description		Job Skill #	Description

Follow-up Contacts with Requesting Agency / Clarification of Need

Date	Comments

Volunteers Referred

Name	Date	Name	Date

Request closed on ____/____/____

Completed No placements possible No longer needed

Disaster Volunteer Referral

Name of Volunteer _____ Date _____

Referred to (agency/ESF) _____ Need # _____

Agency contact person _____ Phone _____

Address of Agency/Site _____

Directions to Site _____

Title/description of volunteer assignment _____

Dates & hours volunteer will work _____

Note: Verification of volunteer's credentials is the responsibility of the agency receiving the volunteer.

VRC Staff Initials:

Inter- view	Data Coord.	Safety Brief
----------------	----------------	-----------------

Disaster Volunteer Referral

Name of Volunteer _____ Date _____

Referred to (agency/ESF) _____ Need # _____

Agency contact person _____ Phone _____

Address of Agency/Site _____

Directions to Site _____

Title/description of volunteer assignment _____

Dates & hours volunteer will work _____

Note: Verification of volunteer's credentials is the responsibility of the agency receiving the volunteer.

VRC Staff Initials:

Inter- view	Data Coord.	Safety Brief
----------------	----------------	-----------------

(This page left intentionally blank)

(This page left intentionally blank)

Authorization for _____ to provide free services

Client's Name	
Spouse' Name	
Client Street Address	
City, ST Zip	
Client Phone	
Date of Request	

I do hereby release and discharge Pierce County Dept. of Emergency Management, the Citizen Corps of Pierce County, its agents, representatives, employees and/or _____ and assigns from any and all liability or claims, now or in the future, which I, or any person claiming through me, may have arising out of any repair or renovation work engaged in by such agents, representatives, employees or assigns on the above described premises.

I understand that the renovation or repair work is to be performed at no charge to me, and that this instrument constitutes a release of the above parties from any liability for negligence, affirmative acts or omissions. I understand that any form of donation by me or my agents given to _____ or its agents is in no way to be considered payment of any services performed. Donations are accepted only as a means to help other families in need and will be disbursed as approved by the _____ board of directors.

I hereby give permission to _____ to use my name, picture or story for the purpose of public relations. I hereby freely release _____ from any claim or liability involved with information published or printed for public information.

I have read this release, understand the terms used in it and their legal significance, and have executed it voluntarily.

Dated this _____ day of _____, 20_____.

Signature of Owner

Witness

Signature of Spouse / Co-owner

Witness

(This page left intentionally blank)

(This page left intentionally blank)

**PIERCE COUNTY
DEPARTMENT OF EMERGENCY MANAGEMENT**

EMERGENCY WORKER REGISTRATION PROCEDURES

1. AUTHORITY: WAC 118-04-080

“Registration is a prerequisite for eligibility of emergency workers for benefits and legal protection under chapter 38.52 RCW.

- 1) Emergency workers shall register in their jurisdiction of residence or in the jurisdiction where their volunteer organization is headquartered by completing and filing an emergency worker registration card, Form EMD-024 or equivalent, with the local emergency management agency.
 - a. The information provided during registration may be used by local authorized officials to conduct criminal history and driving record background checks.
 - b. Failure to truthfully respond to statements set forth on the registration form may result in the denial of registration, revocation of registration as an emergency worker, or denial of compensation for claims or damage.
 - c. Registration and subsequent issuance of an emergency worker identification card, Form EMD-025 or equivalent, shall be at the discretion of the local emergency management agency director. Denial of registration should only be made for cause.
 - d. Each emergency worker shall be assigned to an emergency worker class as listed in WAC 118-04-100 in accordance with their skills, abilities, licenses, and qualifications.”

2. PROCEDURES

- a. Each individual who wishes to be registered as an emergency worker with the Pierce County Department of Emergency Management must fill out a Washington State Emergency Worker Registration Card (Form EMD-024). The information provided on this card will be used by the Pierce County Sheriff's Department to conduct a Criminal History and Driving Record background check. The information determined during this background investigation will be used to determine the suitability for issue of a Washington State Emergency Worker Registration Card. (WAC 118-04-080). The background check may take up to ninety days to complete.
- b. Failure to truthfully respond to the statements set forth in the certificate in paragraph 3 below may result in denial of a Washington State Emergency Worker Identification card. (WAC 118-04-080)
- c. Upon satisfactory results of the background check, the issued card will be valid for three years. At the end of three years, a new application must be made in order to receive an up-dated card. The same Pierce County Emergency Worker DEM number will be re-issued.
- d. If a volunteer card expires and is not renewed within ninety days, the volunteer will be dropped from the rolls. Volunteers with an expired card will not be afforded protection and reimbursement as described under RCW 38.52 and WAC 118-04-080.
- e. Temporary registration of volunteers may be accomplished for short durations if they have filled out a temporary registration card which includes name, date of birth and address. (WAC 118-04-080) Registrants will not be issued an identification card but will be afforded the same protection under RCW 38.52 and WAC 118.04 as a fully registered volunteer.

3. CERTIFICATE

I (please print your name) _____ certify that:

- I am in adequate physical condition to carry out the emergency worker assignment given to me and that I am not subject to any medical problems or other infirmity of body or mind, except as noted on the Emergency Worker Registration Card (EMD-024), which might render me unfit to carry out my emergency assignment. (WAC 118-04-200)
- I am not addicted to the use of intoxicating liquors, narcotics, nor use any controlled substances. I will not use any liquors, narcotics or controlled substance nor will I have in my possession any concealed weapon while engaged in emergency worker activities unless authorized by Law Enforcement SAR Incident Commander. (WAC 118-04-200)
- I have not been convicted of a felony.
- I have not been convicted of a misdemeanor involving moral turpitude.
- I understand that the final determination for issuance of Washington State Emergency Worker Identification card will be at the discretion of the Director of Emergency Management or designee and/or the Pierce County Sheriff's Department or designee. I also understand that the Director of Emergency Management or designee or the Pierce County Sheriff's Department or designee may withdraw or suspend my Emergency Worker Card and Identification Number at any time and at their discretion. (WAC 118-04-080)
- I understand that I will have to successfully complete the IS-100, IS-200 and IS-700 NIMS course. I will also provide a copy of my FEMA IS-100, IS-200 and IS-700 NIMS certificates to Pierce County Department of Emergency Management. No Washington State Emergency Worker Identification Card will be issued until I complete this process.
- I hereby give permission for the Pierce County Department of Emergency Management and/or the Pierce County Sheriff's Department to conduct a criminal history background check and also obtain an abstract of my driving record.

Signed _____ Date _____
(Applicant)

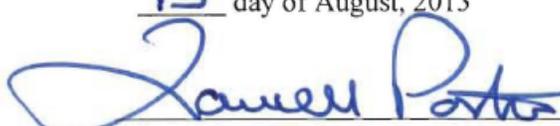
Signed _____ Date _____
(Parent or guardian of applicant if under 18 years of age)

Approved as to form this:

15 day of August, 2013

15TH day of August, 2013

Approved Per Bob Dick Via Email
Deputy Prosecuting Attorney


DEM Director

Notice of Emergency Worker Status

If you register and are accepted as a volunteer with Pierce County Department of Emergency Management (the local Emergency Worker registrar), you will be registered as an Emergency Worker with the State of Washington pursuant to WAC 118-04-08.

Registration is a prerequisite for eligibility of emergency worker for benefits and legal protection under chapter 38.52 RCW.

The information provided during registration may be used by local authorized officials to conduct criminal history and driving record background checks.

Failure to truthfully respond to statements set forth on the registration form may result in denial of registration, revocation of registration as an emergency worker, or denial of compensation for claims or damage.

I have read and understand the above statements:

Signature

Date

Notice of Emergency Worker Status

If you register and are accepted as a volunteer with Pierce County Department of Emergency Management (the local Emergency Worker registrar), you will be registered as an Emergency Worker with the State of Washington pursuant to WAC 118-04-08.

Registration is a prerequisite for eligibility of emergency worker for benefits and legal protection under chapter 38.52 RCW.

The information provided during registration may be used by local authorized officials to conduct criminal history and driving record background checks.

Failure to truthfully respond to statements set forth on the registration form may result in denial of registration, revocation of registration as an emergency worker, or denial of compensation for claims or damage.

I have read and understand the above statements:

Signature

Date

(This page left intentionally blank)

No agency filings affecting this section since 2003

WAC 118-04-180

Responsibilities of authorized officials registering and using emergency workers.

(1) Authorized officials registering emergency workers have the responsibility to ensure those emergency workers meet basic qualifications as stated in these rules. Authorized officials organizing and using emergency workers are responsible for assembling the proper combination of emergency workers with the skills and abilities to accomplish the mission being undertaken. It is acknowledged that authorized officials must use judgment and experience in assessing the scene and the requirements for the mission. Authorized officials shall ensure each team has, among its members, the skills and expertise necessary to safely accomplish the mission.

(2) Local requirements may include more extensive and detailed criteria than are specified in this rule to meet local needs. Authorized officials also may require emergency workers to demonstrate proficiency in the skills required to carry out their assignments.

(3) Authorized officials shall ensure that all emergency workers are aware of their duty to comply with the personal responsibilities contained in WAC [118-04-200](#). This shall be accomplished at the time of registration and should be reemphasized to the emergency worker at periodic intervals.

(4) The state recognizes that many situations to which emergency workers are asked to respond are inherently hazardous. It is incumbent upon authorized officials utilizing emergency workers to ensure that the workers are not needlessly endangered in mission activities or training events.

(a) Authorized officials utilizing emergency workers for actual missions or during training events or evidence search activities shall not place emergency workers nor shall they allow emergency workers to be placed in unnecessarily hazardous situations.

(b) All prudent and reasonable safety procedures, techniques, equipment, and expertise shall be used to ensure the safety of emergency workers at all times while going to, preparing for, performing, recovering from, and returning from, missions or training events.

(5) In accordance with RCW [38.52.030](#)(3), [38.52.070](#)(1), and [38.52.400](#) (1), the incident command system shall be used for all multiagency/multijurisdiction operations.

[Statutory Authority: Chapter [38.52](#) RCW. 01-02-053, § 118-04-180, filed 12/28/00, effective 1/28/01; 93-23-005 (Order 93-08), § 118-04-180, filed 11/4/93, effective 12/5/93.]

WAC 118-04-200

Personal responsibilities of emergency workers.

(1) Emergency workers shall be responsible to certify to the authorized officials registering them and using their services that they are aware of and will comply with all applicable responsibilities and requirements set forth in these rules.

(a) Emergency workers have the responsibility to notify the on-scene authorized official if they have been using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.

(b) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of or while using narcotics or any illegal controlled substance is prohibited.

(c) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of alcohol is prohibited.

(d) Emergency workers participating in any mission, training event, or other authorized activity shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission unless specifically directed otherwise by an authorized official in accordance with RCW [38.52.180](#). All emergency workers driving vehicles to or from a mission must possess a valid driver's license and required insurance.

(e) Use of private vehicles, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance required by chapter [46.29](#) RCW is prohibited unless specifically directed otherwise by an authorized official in accordance with RCW [38.52.180](#).

(f) Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity. This provision does not apply to individuals who have completed the emergency vehicle operator course or the emergency vehicle accident prevention course and who are duly authorized under state law to use special driving skills and equipment and who do so at the direction of an authorized official.

(2) Emergency workers have the responsibility to comply with all other requirements as determined by the authorized official using their services.

(3) When reporting to the scene, emergency workers have the responsibility to inform the on-scene authorized official whether they are mentally and physically fit for their assigned duties. Emergency workers reporting as not fit for currently assigned duties may request a less demanding assignment that is appropriate to their current capabilities.

(4) Emergency workers have the responsibility to check in with the appropriate on-scene official and to complete all required recordkeeping and reporting.

[Statutory Authority: Chapter [38.52](#) RCW. 01-02-053, § 118-04-200, filed 12/28/00, effective 1/28/01; 93-23-005 (Order 93-08), § 118-04-200, filed 11/4/93, effective 12/5/93.]

No agency filings affecting this section since 2003

WAC 118-04-320

Eligibility requirements and procedures for filing personal injury claims.

(1) The injured person shall have been a registered emergency worker, activated by an authorized official for an authorized activity under the provisions of chapter [38.52](#) RCW, and shall have reported to or been in the process of reporting to the authorized on-scene official.

(2) The emergency management division shall provide forms for personal injury claims (Form EMD-084, medical expenses claim), parts of which must be completed by the local emergency management agency, the claimant, and the attending physician. This form shall be submitted with documentation to the local emergency management agency.

(3) For missions occurring outside an injured person's jurisdiction of residence, the claimant may file the claim with the local agency in the jurisdiction of residence, provided that the local emergency management agency director in the injured person's jurisdiction of residence coordinates the claim with the local emergency management agency director in the jurisdiction where the mission occurred.

(4) In the event of injury to an emergency worker, the responsible agency's on-scene authorized official shall be notified as soon as possible.

(5) The on-scene authorized official shall advise the local emergency management agency director of any injuries, as soon as possible, and shall provide appropriate and timely documentation. The local emergency management agency director shall notify the emergency management division of any injuries as soon as possible. The emergency management division shall assist the local emergency management agency director in processing claims.

(6) Labor and industries workers' compensation forms shall not be used, nor shall medical expense claims be submitted to the department of labor and industries for a claim made pursuant to chapter [38.52](#) RCW.

(7) Documentation shall include any reports, mission logs, ambulance and hospital bills, receipts, medical reports, or other information helpful in describing the extent of the injury, the circumstances under which the injury occurred, and the costs that were incurred as a result of the injury.

(8) The injury, disability, or death shall not have been caused by the willful misconduct, gross negligence, or bad faith of the claimant.

(9) Compensation for injury, disability, death, and related claims shall be adjusted and paid in accordance with department of labor and industries workers' compensation schedules.

(10) For claims in excess of the amount set by RCW [38.52.220](#), a compensation board shall convene to review the claim under RCW [38.52.210](#), [38.52.220](#), [38.52.230](#), [38.52.240](#), and [38.52.250](#).

(a) The local emergency management agency shall notify the emergency management division of any pending claim in excess of the amount set by statute.

(b) The claimant shall be notified of date, time, and place of the compensation board hearing by the local emergency management agency director by personal service or registered mail.

(c) The compensation board established under chapter [38.52](#) RCW may request that the claimant appear before the board.

(d) The local emergency management agency director shall transmit the findings and recommendations of the compensation board to the emergency management division for

disposition.

(11) In accordance with RCW [51.28.050](#), no claim for injury shall be valid unless filed within one year after the day upon which the injury occurred or the rights of dependents or beneficiaries accrued except as provided in RCW [51.28.055](#).

[Statutory Authority: Chapter [38.52](#) RCW. WSR 01-02-053, § 118-04-320, filed 12/28/00, effective 1/28/01; WSR 93-23-005 (Order 93-08), § 118-04-320, filed 11/4/93, effective 12/5/93.]

RCW 38.52.180

Liability for property damage, bodily injury, death — Immunity — Assumption by state — Indemnification — Immunity from liability for covered volunteers.

(1) There shall be no liability on the part of anyone including any person, partnership, corporation, the state of Washington or any political subdivision thereof who owns or maintains any building or premises which have been designated by a local organization for emergency management as a shelter from destructive operations or attacks by enemies of the United States for any injuries sustained by any person while in or upon said building or premises, as a result of the condition of said building or premises or as a result of any act or omission, or in any way arising from the designation of such premises as a shelter, when such person has entered or gone upon or into said building or premises for the purpose of seeking refuge therein during destructive operations or attacks by enemies of the United States or during tests ordered by lawful authority, except for an act of willful negligence by such owner or occupant or his servants, agents, or employees.

(2) All legal liability for damage to property or injury or death to persons (except an emergency worker, regularly enrolled and acting as such), caused by acts done or attempted during or while traveling to or from an emergency or disaster, search and rescue, or training or exercise authorized by the department in preparation for an emergency or disaster or search and rescue, under the color of this chapter in a bona fide attempt to comply therewith, except as provided in subsections (3), (4), and (5) of this section regarding covered volunteer emergency workers, shall be the obligation of the state of Washington. Suits may be instituted and maintained against the state for the enforcement of such liability, or for the indemnification of persons appointed and regularly enrolled as emergency workers while actually engaged in emergency management duties, or as members of any agency of the state or political subdivision thereof engaged in emergency management activity, or their dependents, for damage done to their private property, or for any judgment against them for acts done in good faith in compliance with this chapter: PROVIDED, That the foregoing shall not be construed to result in indemnification in any case of willful misconduct, gross negligence or bad faith on the part of any agent of emergency management: PROVIDED, That should the United States or any agency thereof, in accordance with any federal statute, rule or regulation, provide for the payment of damages to property and/or for death or injury as provided for in this section, then and in that event there shall be no liability or obligation whatsoever upon the part of the state of Washington for any such damage, death, or injury for which the United States government assumes liability.

(3) No act or omission by a covered volunteer emergency worker while engaged in a covered activity shall impose any liability for civil damages resulting from such an act or omission upon:

- (a) The covered volunteer emergency worker;
- (b) The supervisor or supervisors of the covered volunteer emergency worker;
- (c) Any facility or their officers or employees;
- (d) The employer of the covered volunteer emergency worker;

(e) The owner of the property or vehicle where the act or omission may have occurred during the covered activity;

(f) Any local organization that registered the covered volunteer emergency worker; and

(g) The state or any state or local governmental entity.

(4) The immunity in subsection (3) of this section applies only when the covered volunteer emergency worker was engaged in a covered activity:

(a) Within the scope of his or her assigned duties;

(b) Under the direction of a local emergency management organization or the department, or a local law enforcement agency for search and rescue; and

(c) The act or omission does not constitute gross negligence or willful or wanton misconduct.

(5) For purposes of this section:

(a) "Covered volunteer emergency worker" means an emergency worker as defined in RCW [38.52.010](#) who
(i) is not receiving or expecting compensation as an emergency worker from the state or local government, or
(ii) is not a state or local government employee unless on leave without pay status.

(b) "Covered activity" means:

(i) Providing assistance or transportation authorized by the department during an emergency or disaster or search and rescue as defined in RCW [38.52.010](#), whether such assistance or transportation is provided at the scene of the emergency or disaster or search and rescue, at an alternative care site, at a hospital, or while in route to or from such sites or between sites; or

(ii) Participating in training or exercise authorized by the department in preparation for an emergency or disaster or search and rescue.

(6) Any requirement for a license to practice any professional, mechanical or other skill shall not apply to any authorized emergency worker who shall, in the course of performing his duties as such, practice such professional, mechanical or other skill during an emergency described in this chapter.

(7) The provisions of this section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under this chapter, or under the workers' compensation law, or under any pension or retirement law, nor the right of any such person to receive any benefits or compensation under any act of congress.

[

Go Kit Inventory

- 10- Volunteer and Donations Management Support Annex with Appendix
- 5- Facility Use Agreement
- 5 - Facility Inspection Checklist
- 5 - Volunteer Reception Center Flow Chart
- 10 - Employee Sign-In sheet
- 10 -VRC Volunteer Worker Sign-in Sheet
- 15 - Communications and Problem Log
- 15 - Expense voucher
- 150-Volunteer Instructions (quarter sized sheets)
- 150- Pierce County Volunteer Emergency Worker Application & Liability Release (2-sided)
- 150 - Emergency Worker Certification Statement
- 150 - Volunteer Paperwork Status
- 150 - Interview Comments
- 60- VRC Safety Training Attendance Record
- 150—Safety Briefing for Volunteers
- 100 - Request for Disaster Volunteers
- 150- Volunteer Referral Form
- 100 - Generic Emergency sign-in/sign-out with address information
- 100 - State of Washington Emergency Worker Daily Activity Report
- 75 – Authorization to provide free services
- 100 – Emergency Worker Registration Process (for complete background checks)
- 100 - Emergency Worker Registration Card
- 150 - Notice of Emergency Worker Status
- 5 - Boxes black pens (20 qty.)
- 150 - File folders
- 2 - Roll scotch tape
- 4 - Roll masking tape
- 1 - Roll caution tape
- 10 - Clipboards
- 20 - Steno pad
- 5 – Flashlight with batteries
- 4 - Scissors
- 10 – Highlighter

Endnote:

ⁱ Much of the organizational structure and format of this Appendix was adapted from the Points of Light Institute, *Managing Spontaneous Volunteers in Times of Disaster*, modified and adjusted to fit requirements of Pierce County Emergency Management, Citizen Corps Council of Pierce County and the State of Washington Rules and Regulations for volunteer management.