

UNIVERSITY OF TOLEDO

SUBJECT: DISASTER VOLUNTEER DEPLOYMENT
MANAGEMENT PLAN

Procedure No: EP-08-018

PROCEDURE STATEMENT

To allow for the management of volunteers reporting to the University of Toledo Medical Center during times of emergencies and/or disasters.

PURPOSE OF PROCEDURE

This Volunteer Deployment Management Plan - Standard Operating Guide (SOG) has been developed for the University of Toledo Medical Center and other campuses. This SOG outlines the deployment procedures that occur before, during and after a public health emergency/disaster or in support of a public health initiative (i.e., administering flu vaccine).

PROCEDURE

Procedure begins on the next page.

Source: Emergency Preparedness Task Force

Effective Date: 3/31/10

Review/Revision Date: 8/25/11
8/8/14
8/8/17
7/2020
7/2023



THE UNIVERSITY OF
TOLEDO
1872

Disaster Volunteer Deployment Management Plan

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ACRONYMS

AR	Authorized Representative
ASPR	Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control
DC	Designated Contact
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMAT-AO	Disaster Medical Assistance Team Administrative Officer
DOC	Department Operations Center
DOH	Department of Health
EMAC	Emergency Medical Assistance Compacts
EOC	Emergency Operations Center
EOC-R	Emergency Operations Center-Representative
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FEMA	Federal Emergency Management Agency
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
ICS	Incident Command System
NCG	EMAC National Coordination Group
NCT	EMAC National Coordinating Team
NIMS	National Incident Management System
PAHPA	Pandemic and All Hazards Preparedness Act
RCT	EMAC Regional Coordinating Team
RUL	Resources Unit Leader
SOG	Standard Operating Guide

OVERVIEW

Recent natural and man-made catastrophic events have demonstrated the need for volunteer healthcare professionals and lay volunteers to supplement and enhance response and recovery capabilities during and after such events. Additionally, the potential for widespread consequences from these events often cross jurisdictional lines. As a result, public health preparedness initiatives that include pre-credentialed volunteers have been developed to address local, regional, multi-state and federal collaboration.

Congress passed the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 to facilitate the effective use of volunteer health professionals during public health emergencies. Section 107 of the Act directs the Health and Human Services Secretary to “establish and maintain a system for the advance registration of health professionals for the purpose of verifying the credentials, licenses, accreditations, and hospital privileges of such professionals when, during public health emergencies, the professionals volunteer to provide health services.”

The Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services (HHS) was delegated the responsibility for assisting each state in establishing a standardized state-wide registry of volunteer health professionals which would include readily available, verifiable, up-to-date information including identity, licensing, credentialing, accreditation, and privileging in hospitals or other facilities. As a result, the Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) was implemented. In 2006, the Pandemic and All Hazards Preparedness Act (PAHPA) transferred the responsibility for ESAR-VHP to the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Implementation of an ESAR-VHP program became a required ASPR Level One Sub-capability during the 2007 grant funding year. Compliance requirements for ESAR-VHP were included in the Centers for Disease Control (CDC) Program Announcement for the 2008 grant funding year. Eligibility for 2009 grant funds required participation in the ESAR-VHP program.

PURPOSE

This Volunteer Deployment Management Plan - Standard Operating Guide (SOG) has been developed for the University of Toledo Medical Center and other campuses. This SOG outlines the deployment procedures that occur before, during and after a public health emergency/disaster or in support of a public health initiative (i.e., administering flu vaccine).

The ESAR-VHP program is guided by five fundamental objectives to ensure the proper development and operation of each ESAR-VHP system. These objectives are:

1. Recruit and register medical and non-medical volunteers;
2. Apply ESAR-VHP emergency credentialing standards to registered volunteers;

3. Allow for the verification of the identity, credentials and qualifications of registered volunteers prior to an emergency or disaster;
4. Automatically notify and confirm the availability of registered health care professionals and lay volunteers at the beginning of an emergency/disaster event; and
5. Provide deployment information to available volunteers and track/document their service from deployment through demobilization.

This SOG provides the processes and protocols to address these fundamental goals and objectives. Additionally, it outlines roles and responsibilities for volunteer staff to implement preparedness initiatives for volunteers to better prepare themselves and their families in the event of deployment.

MISSION STATEMENT

“To augment community health and medical services during a disaster, public health emergency or incident with pre-identified, trained and credentialed volunteers.”

The plans goals are to:

- Ensure an adequate and competent volunteer force of healthcare professionals and lay volunteers
- Enable efficient and effective public health emergency operations
- Allow sharing of healthcare professionals and lay volunteers across state lines
- Provide guidance on the legal protections that are available to volunteer healthcare professionals and lay volunteers who serve through the registry
- Establish clear protections for health professionals and lay volunteers
- Maintain current registry of professional and lay volunteers.

DEPLOYMENT OF VOLUNTEER

UTMC employs generally accepted protocols when gathering deployment information; identifying and disseminating information to volunteers; processing and tracking deployed volunteers; and demobilization of volunteers.

During disaster, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration. This process is outlined in the Medical Staff Bylaws.

Deployment Protocols for Non-Emergency Events

Requests for volunteers to support disaster and community events, public health events such as health fairs, exercises, and immunization clinics will be made directly to the volunteer office, or Incident Commander in the case of an exercise or table-top.

Deployment Protocols for an Emergency/Disaster

Deployment requests for volunteers could be local; intra- or interstate; or federal. All requests should be directed through the University of Toledo's EOC. Requests for deployment are handled as follows:

- EOC receives the initial request for volunteers and notifies volunteer services.

Upon receipt of an official request for volunteers, the RUL will search the UT registry for the types of volunteers being requested. The UT registry database may be searched using different criteria such as profession, professional license, or geographic location.

In keeping with the ESAR-VHP requirements, upon receipt of a request for volunteers, registry staff will: (1) produce a list of requested volunteers within 2 hours of the request; (2) contact potential volunteers; (3) within 12 hours, respond with an initial list of volunteers available to deploy; and (4) within 24 hours, provide the requestor with a verified list of volunteers for deployment.

Registered volunteers affiliated with other volunteer organizations, such as Medical Reserve Corps (MRC) and Disaster Medical Assistance Team (DMAT), will not be activated for 6 hours in the event such other volunteer organizations would need to roster a team for deployment. After the expiration of the 6 hour window, these volunteers are considered to have been released for deployment.

The final roster of deployable volunteers will be managed by the volunteer office, who will manage the roster which includes deployment, tracking, and demobilization of volunteers during a particular incident or event.

Pre-Deployment Considerations

The RUL will collect as much available information regarding a request for volunteers prior to contacting volunteers to determine their availability to serve. However, volunteers should be aware that situations can rapidly change and that they should plan for worst case scenarios when considering volunteering for a deployment.

Issues to consider include:

- Transportation: Responsibility for transportation to the deployment location (and return) will be the responsibility of each volunteer unless otherwise specified.
- Lodging: Hotel accommodations can not be guaranteed, therefore volunteers must be prepared to stay in shelter type conditions.
- Meals: At some locations, meals will be provided. At other locations, meals will be on your own.

- **Operational Hours:** Unless otherwise specified by the Incident Commander (IC) or the onsite volunteer coordinator, volunteers will work in 12 hour rotations with breaks every two (2) hours and one (1) hour for lunch, for a term of not more than 30 days.

Deployment to an emergency or disaster site where there are limited resources and physical hardships may be more difficult for some than others. Volunteers will be asked to consider the following before agreeing to deployment:

- Do you have children or adult dependents? Will you be able to arrange for their care while you are gone? Can these arrangements be easily extended if your assignment runs longer than anticipated?
- Do you have pets? Will you be able to arrange for their care while you are gone? Can these arrangements be easily extended if your assignment runs longer than anticipated?
- Is there someone who can take care of your home while you are gone (take in the mail and newspapers)? Are your bills (utilities, rent) paid and up-to-date?
- Are you taking any prescription medications that may impact your ability (causing drowsiness) to function in an emergency or disaster situation? Does your medication require strict administration times or need refrigeration?
- Do you have a health condition such as significant mobility concerns or a heart condition that would prohibit your participation? Do you have difficulty bending or stooping? Can you sit or stand for extended periods of time?
- Do you have allergies to medications, foods, environmental conditions or insect bites?
- Do you have a medical condition such as asthma or diabetes which could worsen due to the difficult conditions at an emergency or disaster site?
- Do you have a psychological or any other condition such as anxiety disorder or depression which may prohibit your participation in a disaster response?
- Have you had a recent emotional or psychological event which would make you unable to participate effectively in a disaster response?
- Do you have special dietary requirements which you may not be able to follow while at an emergency or disaster site?
- Are there any other concerns that would make you unable to participate effectively in an emergency or disaster response at this time?

Responding to an Emergency Activation In State

In the event of a public health emergency in the State, the RUL will notify UT volunteers via UTAlert, email, and through University of Toledo communications. Non UT employed volunteers will be notified by the Volunteer Services via e-mail and/or telephone. Notification will include all pertinent information such as the nature of the emergency; sleeping, eating and travel arrangements; and expectations of the length of deployment and hours of operation. Volunteers will also be provided with an deployment packet (see Appendix E). Volunteers will follow these procedures:

- Volunteers will report to the designated staging area specified by the RUL and present their deployment papers to the onsite volunteer coordinator (typically lobby of hospital, or other pre-determined location at the University of Toledo Health Science Campus.
- Once a volunteer arrives at the staging area they will log in; fill out all necessary paper work; receive deployment papers and briefing; and receive assignment to a position and work location. Volunteers without an UT identification badge will be issued a new one using current ID badge supplies. *(Only volunteers holding a badge and that are able to show proof of deployment will be allowed on the site.)*
- Once a volunteer arrives at the site of deployment, additional paperwork may be required to receive assignment to an area Supervisor. The Supervisor will give the volunteer further instructions. It is very important for every volunteer to sign in and out each day (including lunch) and keep track of all hours worked on the required form that must be signed by the Supervisor.
- Before leaving the site, volunteers will verbally brief replacement volunteers on all pertinent information needed to perform the job and continue smooth operations.
- Any unique instructions shall be documented and shared.
- After demobilization, volunteers will be asked to report back to the check-in area to log out, turn in a Volunteer Feedback Form and return any assigned equipment.

Responding to an Emergency Activation Out of State

UT volunteers will follow the same protocols for in and out of state deployments. The only difference is that an official request will flow through the EMAC system or federal deployment protocols. Appendix A provides additional information on how the EMAC coordination system operates among states.

Onsite Volunteer Coordinator Responsibilities

Onsite volunteer coordinators play a very important role in managing volunteers. These responsibilities include, but are not limited to:

- Processing incoming/outgoing volunteers
- Conducting/providing “Just-in-Time” training as necessary or required
- Assigning volunteers to positions commensurate with their skills and training
- Maintaining emergency/disaster volunteer records
- Administrative assistance as required

Appendix B, C and D provide an outline of the responsibilities for the activation, deployment, receipt and demobilization of volunteers.

VOLUNTEER TRACKING

During Volunteer Deployment

Volunteers who are deployed must be accounted for from the initiation of assignments through demobilization. Depending on the situation, reporting protocols will be established for either a “once a day” or an “every 12 hour” tracking of volunteers. The RUL will coordinate the required tracking mechanisms with the onsite volunteer coordinator at the duty station.

DEMOBILIZATION

Volunteer deployment protocols will be communicated by the onsite volunteer coordinator or designated representative. UT registry staff will coordinate with the onsite volunteer coordinator to determine when UT volunteers have been deactivated. The registry staff will:

- Contact the volunteer to assure return to their home base
- Provide the volunteer with an Volunteer Feedback Form-Activation/Deployment to complete and return (see Appendix D)
- The registry staff will ensure the volunteers service is recorded in the registry
- Make available critical incident stress debriefing
- Determine if Pastoral Care services are necessary for religious or emotional support needs

VOLUNTEER DEPLOYMENT MANAGEMENT PLAN APPENDICES

Appendix A: Emergency Management Assistance Compact

Appendix B: Volunteer Deployment – Sending Location

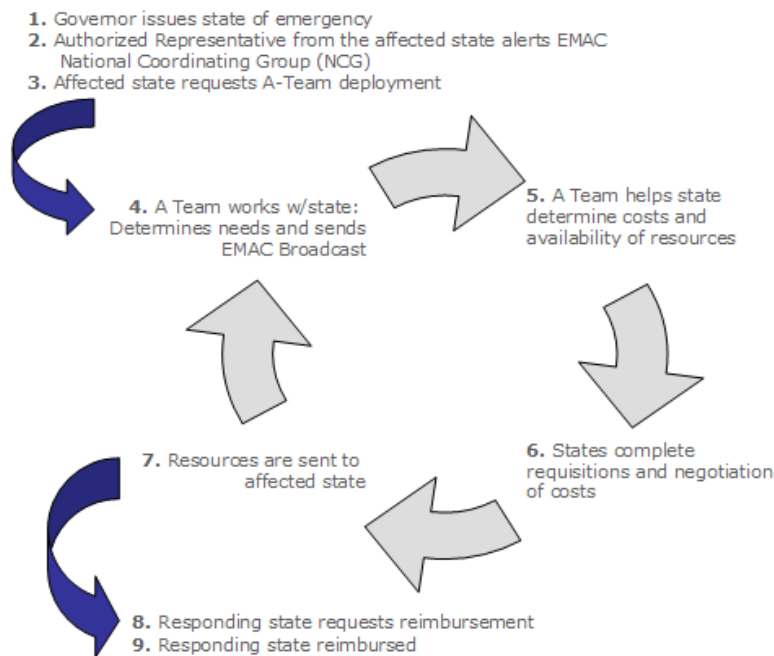
Appendix C: Volunteer Deployment – Receiving Location

Appendix D: Volunteer Demobilization

Appendix E: Deployment Package

APPENDIX A: EMERGENCY MANAGEMENT ASSISTANCE COMPACT

In the simplest of terms, EMAC works as follows:



There are 8 key players in EMAC operations:

- **Requesting State**- any EMAC member state that is asking for interstate assistance under the Compact. The governor must declare a state of emergency before the EMAC process can be initiated
- **Assisting State** - any EMAC member state responding to a request for assistance from and providing resources to another EMAC member state through the Compact
- **Authorized Representative (AR)** - the person within a member state empowered to obligate state resources (provide assistance) and expend state funds (request assistance) under EMAC. In a Requesting State, the AR is the person who can legally initiate a request for assistance under EMAC. In an Assisting State, the AR is the person who can legally approve the response to a request for assistance. State Emergency Management Directors are automatically ARs. The director may delegate authority to other emergency management officials in organization, as long as they possess the same obligating authority as the director
- **Designated Contact (DC)** - is a person within a member state who is very familiar with the EMAC process. The DC serves as the point of contact for EMAC in his or her state and can discuss the details of a request for assistance. This person is not usually legally empowered to initiate an EMAC request or authorize EMAC assistance without direction from the AR. A list of DCs is found in Appendix E in Section V of the *EMAC Operations Manual*
- **EMAC National Coordination Group (NCG)** - is the nationwide EMAC point of contact during normal day-to-day, nonevent periods. The NCG is prepared to activate EMAC on short notice by coordinating with the ARs and DCs of the EMAC member states when an emergency or disaster is anticipated or occurs. The NCG is collocated with the current Chair of the EMAC Operations Subcommittee and Executive Task Force. Because the Chair of the EMAC Operations Subcommittee changes every year, so does the NCG
- **EMAC National Coordinating Team (NCT)** - If DHS/FEMA activates the National Response Coordination Center to coordinate the federal response and recovery operations during an emergency or disaster, DHS/FEMA may request a coordination element from EMAC. The EMAC NCT is the EMAC

team that is deployed to serve as a liaison at the NRCC, located in Washington, D.C. From the NRCC, the EMAC NCT coordinates with the deployed EMAC components responding to the emergency or disaster and is the liaison between the EMAC assistance efforts and the federally provided assistance efforts. The costs for deploying and maintaining an EMAC NCT at the NEOC are reimbursed by DHS/FEMA through NEMA/CSG

- **EMAC Regional Coordinating Team (RCT)** - If DHS/FEMA activates a Regional Coordination Center (RRCC) to coordinate the regional response and recovery operations during an emergency or disaster, DHS/FEMA may request a coordination element from EMAC. The EMAC RCT is the EMAC team that is deployed to serve as a liaison at the RRCC. From the RRCC, the EMAC RCT coordinates with deployed EMAC components responding to the emergency in states within the region, and is the liaison between the EMAC assistance efforts and the federally provided assistance efforts
- **Member states**

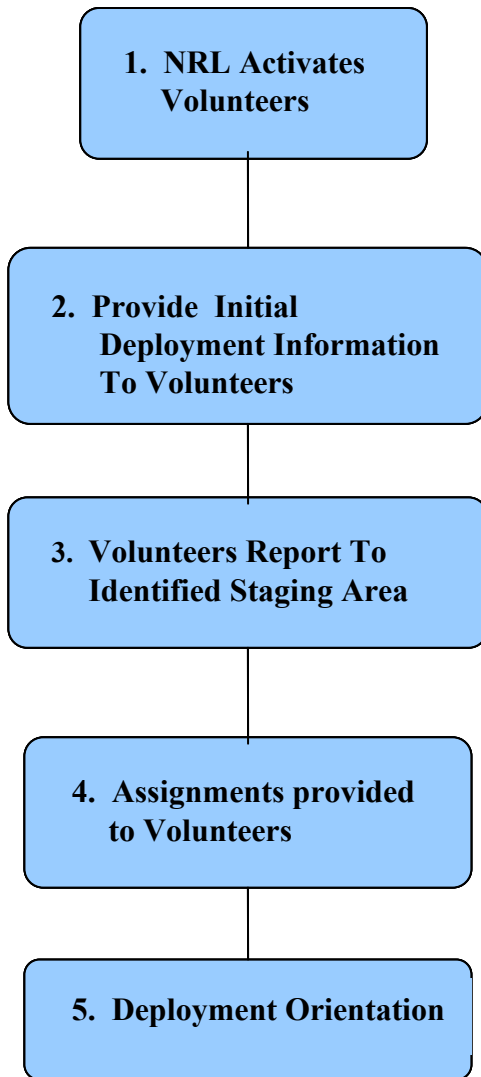
All **Member States** have the following responsibilities:

- To be familiar with possible joint member situations
- To be familiar with other states' emergency plans
- To Develop an emergency plan and procedures for managing and provisioning assistance
- Assist in warnings
- Protect and ensure uninterrupted delivery of services, medicine, water, food, energy and fuel, search and rescue, and critical lifeline equipment, services, and resources
- Inventory and set procedures for interstate loan and delivery of human and material resources, including procedures for reimbursement or forgiveness
- Provide for the temporary suspension of any statutes or ordinances that restrict implementation

EMAC can be used for ANY capability one member state has that can be shared with another member state. So long as there is a governor declared state of emergency, EMAC can be called to action and used.

APPENDIX B: VOLUNTEER DEPLOYMENT – SENDING LOCATION

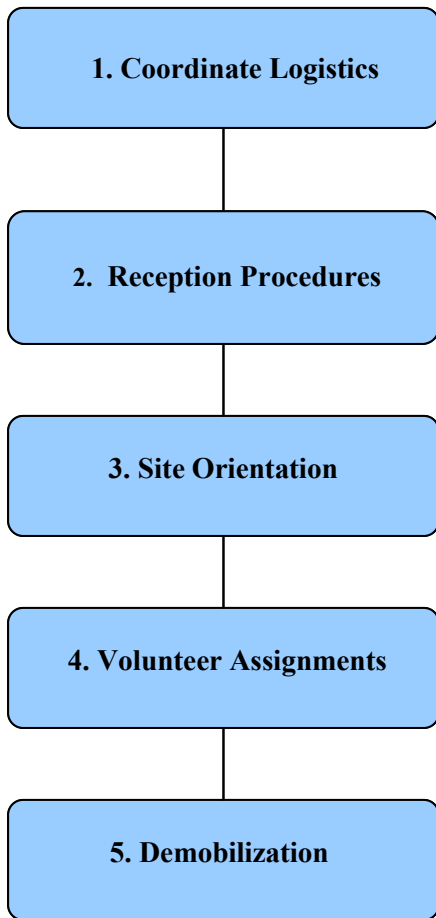
VOLUNTEER DEPLOYMENT – SENDING LOCATION REGISTRY LIAISON & ONSITE VOLUNTEER COORDINATOR RESPONSIBILITIES



- 1. Registry Liaison** activates volunteers.
 - Obtains Request/Requirements
 - Queries Database
 - Submits Volunteer Alert
- 2. Provide Initial Information to Volunteers**
 - Volunteers may need training on protocols/parameters under which they are to work in general (examples: Mass Dispensing Site Security)
 - Identify where Volunteer is to report (staging area)
 - What assignment might be
 - What clothing (if special)
 - Length of deployment
- 3. Volunteers report to the Identified Staging Area**
- 4. Assignments (Staging Areas)** - Volunteer Coordinator has received a list of assignments (possible job settings) from the receiving county or state. Examples of possible job settings:
 - Alternate care Site
 - Surge within a hospital
 - Door to Door Outreach
 - Assessment Teams
 - Phone Triage Lines or Hotlines
 - First Aide Stations
 - Temporary Clinics
- 5. Deployment Orientation (Staging Area)**
 - Provide Financial Forms
 - Conduct Deployment Briefing (who, what, where, when & how)
 - Provide Vaccinations / Prophylaxis
 - Make available critical incident stress debriefing (CISD)

APPENDIX C: VOLUNTEER DEPLOYMENT – RECEIVING LOCATION

ONSITE VOLUNTEER COORDINATOR RESPONSIBILITIES FOR VOLUNTEERS



Onsite Volunteer Coordinator

1. Coordinate Logistics

- Lodging/Food/Transportation
- Equipment: special clothing, personal protection equipment, radios

2. Reception Procedures

- Verify credentials and license with Volunteer badge prior to site orientation and assignments
- Conduct Volunteer registration
- In & Out processing (volunteers must check in & out) [Incident Command System (ICS) Form 211]
- Verification health screening
- Policies e.g. work hours/days, communication methods, dress codes, equipment use, ethics, and or code of conduct, contact with the media

3. Site Orientation

- Site specific
- Volunteer Responsibilities
- Just in Time Training (job specific)
- If needed; geographic orientation

4. Volunteer Assignments

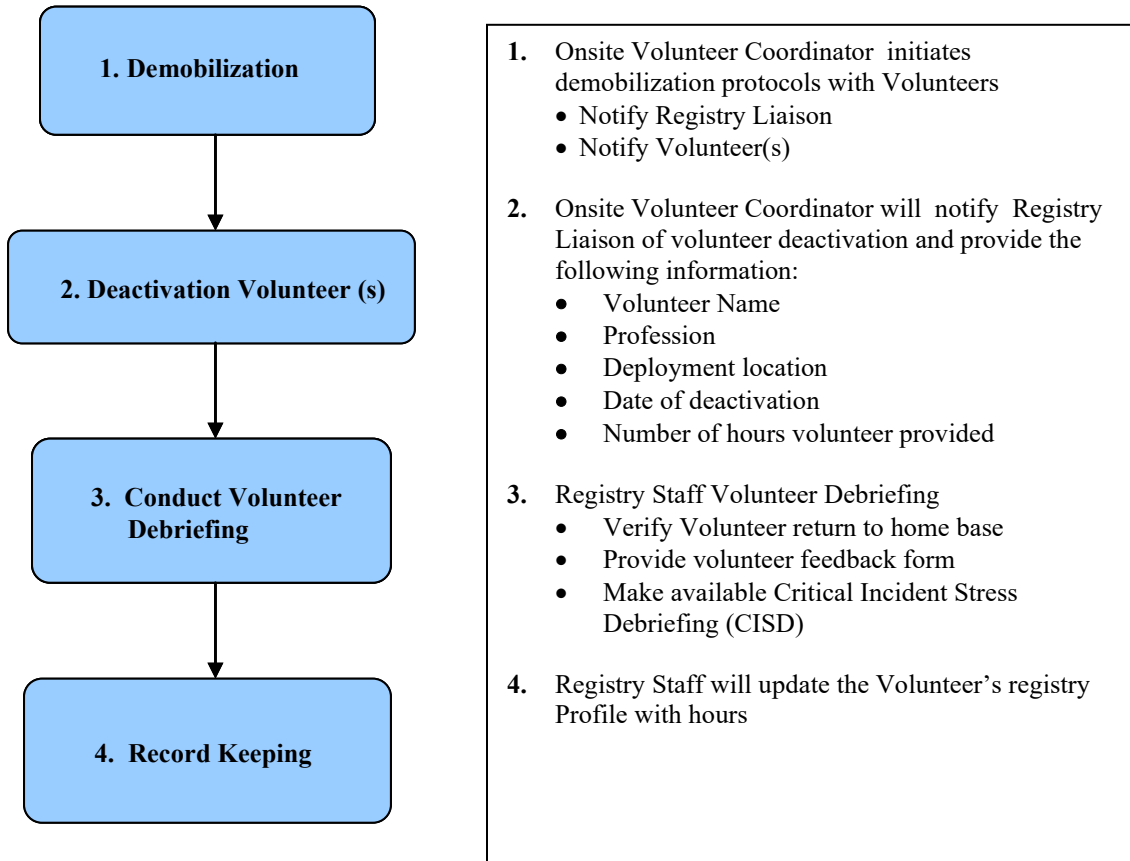
- Assignments specific to event or the job the Volunteer is trained TO PERFORM
- Each event may have specific hardships that may need to be communicated
- Assign to Supervisor: chain of command, supervision, information reported to supervisor, discipline
- Worksite to which Volunteer is to report

5. Demobilization

- See Appendix D

APPENDIX D: VOLUNTEER DEMOBILIZATION

Deployment Flow Chart - Demobilization



APPENDIX E: UT DEPLOYMENT PACKAGE

Record of Emergency Data

Volunteer Locator and Processing Checklist

Volunteer Timesheet

Helpful Hints and Things to Remember

Checklist for Deployed Volunteer

Volunteer Feedback Form

Contact List



Record of Emergency Data

Date: _____ **Organization** _____

Name: _____ **UT Rocket ID Number** _____

Home/Cell Phone: _____ **Work Phone:** _____

Religious Preference: _____ **Marital Status:** _____

Address: _____

Emergency Notification (in order of preference)

Name	Relationship	Phone	Address

Remarks

I certify that the information that I have provided is true and accurate to the best of my knowledge.

Signature *Date*



Volunteer Locator and Processing Checklist

Principle Purpose: Source document for accounting information and maintains volunteer accountability.

Name: (Last, First, Middle Initial)

Rocket ID Number: **Gender: M F**
(circle one)

Organization:

Address:

Phone:

Supervisor:

Phone:

Area Deployed To:

Deployed From:

Date Departed: __/__/__

Departure Time: _____

Date Arrived: __/__/__

Arrival Time _____

Mode of Transportation:

Airline Name:

Flight #:

Bus Company:

Bus # :

Personal Owned Vehicle:

Year: **Make:**

License Plate #:

Drivers License:

State: **Number:**

Expiration:



Timesheet

Volunteer Name:				Rocket ID Number				
District/Bureau				Deployment Period		From	To	
Date								Week 1
	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	
Supervisor Initial & Date For First Week:								TOTAL HRS
Volunteer Name:				ID Number				
District/Bureau				Deployment Period		From	To	
Date								Week 2
	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	
Supervisor Initial & Date For second Week:								TOTAL HRS

Required Certifications

The undersigned certify that the above account is true in all respects	
Volunteer Signature	Date
Supervisor Signature	Date
Timekeeper Signature	Date



Helpful Hints and Things to Remember

1. Pack all of your clothing in 1 or 2 gallon Ziploc bags before putting into your suitcases. Line your entire luggage with plastic trash bags to protect clothes and other content against moisture and possible mold.
2. Meals Ready to Eat (MRE's) are available at most camping stores. If you are transporting your own food, make sure it's easily transportable and doesn't need cooking or refrigeration.
3. The basic rule is "2-3-4." This means that each volunteer should deploy with 2 bags, 3 days of food, and 4 quarts of water. The "Check List for Deployed Volunteers" (Appendix I) includes not only minimally required items, but others to help each team member travel and live more comfortably during the deployment.
4. Contact the airline for most up-to-date flight times and rules for carry on personal luggage. As a general rule, two bags/suitcases can be utilized. A large one for transportation which may not be available during transit, and the smaller "ready bag" to contain items needed during the transit.



CHECK LIST FOR DEPLOYED PERSONNEL

<p>MAIN TRAVEL/FLIGHT BAG</p> <p>NECESSARY PAPER WORK</p> <ul style="list-style-type: none"> <input type="checkbox"/> Deployment Papers/Package <input type="checkbox"/> Driver's License/Picture ID <input type="checkbox"/> Badge <input type="checkbox"/> Vaccination Records <input type="checkbox"/> Professional License <input type="checkbox"/> Time Cards <p>CLOTHING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Long trousers (2 pair) <input type="checkbox"/> Shorts <input type="checkbox"/> Long sleeved shirts (2) <input type="checkbox"/> Short sleeved shirts (3-5) <input type="checkbox"/> Work Boots (steel toe recommended) <input type="checkbox"/> Canvas shoes (comfortable) <input type="checkbox"/> Large Bandana <input type="checkbox"/> Underwear (3) <input type="checkbox"/> Socks (3 pair) <p>PERSONAL GEAR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Razor/blades <input type="checkbox"/> Shaving cream <input type="checkbox"/> Toilet paper <input type="checkbox"/> Deodorant <input type="checkbox"/> Shampoo <input type="checkbox"/> Hand lotion <input type="checkbox"/> Insect repellent with 35% DEET <input type="checkbox"/> Foot Care (alcohol, powder, moleskin) <input type="checkbox"/> Medications (Tylenol, Advil or other pain medication, prescriptions, decongestant, antacid) <input type="checkbox"/> Handwipes and hand disinfectant <input type="checkbox"/> Bar soap/container <input type="checkbox"/> Toothbrush and toothpaste <input type="checkbox"/> Comb/brush <input type="checkbox"/> Lip balm <input type="checkbox"/> Sunscreen <input type="checkbox"/> Detergent for clothes <input type="checkbox"/> Flip-flops <input type="checkbox"/> Bathing suit (just in case) <input type="checkbox"/> Towel <p>COOKING AND FOOD</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mess Kit (plate, cup, bowl, knife, spoon, fork) <input type="checkbox"/> Enough easy to carry food for 48 hours such as beef jerky, granola bars, trail mix (non-perishable items) <input type="checkbox"/> Water purification tablets <input type="checkbox"/> 1 quart canteens (3) <p>SLEEPING GEAR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sleeping bag (+15) with liner for cold weather <input type="checkbox"/> Ground cloth <p>MISCELLANEOUS</p>	<p>READY/CARRY BAG</p> <p>CLOTHES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sun hat (baseball cap) <input type="checkbox"/> Jacket with hood <input type="checkbox"/> Rain coat and rain pants <input type="checkbox"/> Leather work gloves <p>FOOD</p> <ul style="list-style-type: none"> <input type="checkbox"/> High nutrition snacks <input type="checkbox"/> Enough non-perishable food for 24 hrs. <input type="checkbox"/> 1 qt. water <p>MISCELLANEOUS/SUGGESTED ITEMS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Book/reading material <input type="checkbox"/> Sunglasses <input type="checkbox"/> Extra glasses/contacts <input type="checkbox"/> Cash, travelers checks and/or credit cards <input type="checkbox"/> Necessary meds (airsickness) <input type="checkbox"/> Necessary hygiene items <input type="checkbox"/> Inflatable pillow <input type="checkbox"/> Camera/film <input type="checkbox"/> Personal medical equipment (scissors, stethoscope, etc.) <input type="checkbox"/> Flashlight/batteries <input type="checkbox"/> Notebook <input type="checkbox"/> Pocket Knife <input type="checkbox"/> Hearing protection <input type="checkbox"/> Trash bags <input type="checkbox"/> Cellphone/electronic communication device
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<input type="checkbox"/> Headlamp and/or second flashlight <input type="checkbox"/> Extra bulb/batteries <input type="checkbox"/> Waterproof matches/fire starters (no butane) <input type="checkbox"/> Hardhat <input type="checkbox"/> Goggles <input type="checkbox"/> Face mask/dust mask <input type="checkbox"/> Tape, safety pins, sewing kit <input type="checkbox"/> Gloves READY/CARRY BAG CLOTHES		

UT VOLUNTEER FEEDBACK FORM



Volunteer Feedback Form Response/Deployment

Please provide us your name and email address so we can follow up with you; or, you are free to submit this form anonymously. We **will** use your comments, criticisms and suggestions to improve our volunteer deployment procedures.

1. Name _____ (leave blank if anonymous)

2. Email _____ (leave blank if anonymous)

3. List your role(s) during the deployment (example: usher, medication dispenser, registration clerk).

4. Was this your first deployment as an volunteer? (Check one) ___ Yes ___ No

5. Please comment on the phone/email notification message you received? (for example: efficiency of the process, clarity of the message). We are especially interested in your suggestion for improvement.

Your experience during the deployment

6. Please comment on the volunteer check-in process, providing suggestions for possible improvement if you have them.

7. Were you provided adequate training to perform your responsibilities on deployment? If no, what aspect of the training was inadequate or missing?

8. What could have been done differently to make this response/deployment a better experience for you as a volunteer?

9. Were you offered critical incident stress debriefing (CISD) and/or opportunity to meet with a Pastoral Care representative?



CONTACT LIST

Name	Position	Office #	Cell #