

***Central Texas  
Medical Reserve Corp***

***McLennan County Texas***



**Volunteer Policy Manual**

Waco-McLennan County Public Health District

Revised 09/9/2014

# Central Texas Medical Reserve Corps Policy Manual

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# **Volunteer Policy Manual**

## **Introduction:**

Welcome to the Central Texas Medical Reserve Corps (CTMRC). This policy manual is provided to give you an introduction to the CTMRC and explain the type of volunteer commitment we are asking from you. If at anytime you have any questions or comments please feel free to contact the Waco McLennan County Public Health District Preparedness Coordinator.

The Waco-McLennan County Public Health District (WMCPHD) is the sponsoring agency for the Central Texas Medical Reserve Corps. Either WMCPHD or CTMRC reserves the right to change the policies and procedures listed in this handbook at anytime without notice. The policies described in this handbook replace all prior policies, handbooks or policy and procedure guidance provided before by WMCPHD.

## **1. Background-Central Texas Medical Reserve Corps Volunteer Program**

### **1.1 McLennan County Central Texas Medical Reserve Corps**

The objective of the McLennan County Central Texas Medical Reserve Corps program is to **assist** the Waco-McLennan County Public Health District during emergency operations caused by any natural disasters, or any wide spread public health emergency.

The Goal of the Central Texas Medical Reserve Corps is to create an organizational environment which attracts and retains motivated and committed volunteers, who will maintain a response rate of 30% participation when called to provide emergency service, and will be a visible presence at community fairs and venues. The MRC leadership will be offering opportunities for CTMRC members to be engaged in community events and activities such as health fairs, and immunization clinics, response exercises with local response agencies, joint trainings with local CERT teams, and actual incident response.

### **1.2 Mission Statement**

The mission of the Central Texas Medical Reserve Corps is to recruit, specifically train, and retain volunteers to expand health and medical response capabilities, and preparedness information presentations within McLennan County Texas. CTMRC Training includes cross training with the local Community Emergency Response Teams (CERT). The CTMRC trains volunteers for all hazard response, Point of Dispensing operations, and community preparedness programs

### **1.3 Scope**

Volunteers are drawn from all segments of our community, not just from those persons with a health or medical background. Medical and health professionals, such as physicians, nurses and paramedics are needed, but there is also a great need for non-medical community members to volunteer.

### **1.4 Vision**

The Central Texas MRC is an all volunteer organization which encourages individual volunteers to seek and accept ownership of key portions of the MRC operations, while maintaining an integrated focus with other volunteer organizations, and the response agencies within McLennan County.

## **2. Volunteering**

### **2.1 Definition of Volunteer**

A volunteer is anyone who chooses to perform services for the Waco-McLennan County Public Health District, the City of Waco and/or the CTMRC Program without compensation or expectation of compensation (beyond reimbursement for pre-approved specified expenses).

A volunteer must be officially accepted by the CTMRC Program prior to performance of a task. A CTMRC volunteer performs all tasks at the direction of and on behalf of the Program. Volunteers are not employees of the Waco-McLennan County Public Health District, the City of Waco and/or the Central Texas Medical Reserve Corps Program.

## **2.2 Rights of Volunteer**

A volunteer has certain rights and responsibilities when they are giving their time to a community-based organization. The CTMRC program provides these guidelines to ensure a positive volunteer experience.

### **The rights of CTMRC volunteers include:**

- Training
- Support
- Respect
- Legal protection while volunteering
- Fair treatment
- Ability to withdraw from a project at any time
- Volunteer development through training and community involved
- Safe and healthy working conditions
- Having fun

## **2.3 Standards of Behavior**

Volunteers are expected to follow a code of conduct and rules while serving as a volunteer for WMCPHD. A copy of the code of conduct will be given to each volunteer who must sign that he/she has received and agree to abide by a code of conduct.

## **2.4 Confidentiality Policy**

Each volunteer must sign a waiver of confidentiality of information statement before he/she can volunteer with the Waco-McLennan County Public Health District.

All information, be it personal, WMCPHD business, or other should always be considered confidential. Volunteers will not copy, remove, alter or electronically transfer information or records without specific authorization by designated personnel. Failure to comply with this policy will result in termination from the Program.

In general volunteers should limit speaking with the media. It is best if all inquires are directed to the volunteer coordinator.

*See 7.4 for confidentiality statement.*

## **2.5 Volunteer Records**

The personal data maintained in a volunteer's personnel folder may be released to persons on a "need to know" basis for "official use only" unless disclosure is required by law. Information may be released to the City Manager, Assistant City Managers, Director of Personnel Services, Department Directors, Supervisors and investigative officials.

# **3. Central Texas Medical Reserve Corps**

## **3.1 WMCPHD and McLennan County Central Texas Medical Reserve Corps**

McLennan County Central Texas Medical Reserve Corps is sponsored by the Waco-McLennan County Public Health District.

## **3.2 Role of Volunteer**

The Waco-McLennan Public Health District has many responsibilities during a time of emergency. The Central Texas Medical Reserve Corps recruits volunteers to augment WMCPHD staff during a wide spread emergency.

### 3.3 Volunteer Jobs

The CTMRC Program is separated into 6 Specialty Areas. These specialty areas ensure the recruiting, training, sustainability, and viability of the CTMRC Program so that volunteers will be available during times of emergency. CTMRC Volunteers can serve as members of any of the teams in these specialty areas, depending upon qualifications.

The 6 specialty areas are:

- Psychosocial Intervention Team Members
- Licensed Health & Medical Team Members
  - Licensed Professionals
  - ESAR-VHP
- Retention Activities Team Members
  - Newsletter
  - Member Activities
- Recruiting Team Members
  - Recruiting activities
  - Mailings
- Phone Bank Team Members
  - EOC/HD Phone Bank
  - Member Data Up-date
- Point of Dispensing (POD) Team Members
  - POD Site Specialists
  - Drive-Through Clinic Specialists
  - Processing Center Specialists

POD Site Specialists may be asked to perform a variety of jobs in a public health emergency. Volunteer jobs include, but are not limited to:

- General Volunteer
  - Traffic Flow Monitor
  - Greeter
  - Triage Specialist
  - Interpreter
  - Inventory Control Specialist
  - Data Entry Specialist
  - Educator
  - Registrar
  - Parking Attendant
  - Phone Bank Worker
- Professional Volunteers
  - Dispenser
  - Vaccinator
  - Surveillance & Epidemiologist Strike Team
  - Pharmacy Consultant
  - Physician/Medical Consultant
  - Mental Health Specialist
  - Emergency Medical Technician

### 3.4 Recruiting

To qualify to be a CTMRC Volunteer a person needs to live or work in Central Texas, and have no criminal record.

## **3.5 Training**

### **3.5.1 WMCPHD courses**

All CTMRC members must go through the Basic Orientation Course before volunteer assignments can begin. This class describes the volunteer's role in emergency operations. The training can be presented on-site to businesses, organizations and groups, as well as being offered at the WMCPHD on a regular basis. Psychosocial Intervention Team training will substitute for the Orientation Course.

Other WMCPHD courses include: An Advanced Orientation Class to discuss in-depth information such as specific roles and responsibilities. Volunteers are also invited attend any regularly scheduled WMCPHD training sessions on topics related to general emergency management. These courses can cover subject such as: *Stress Management, Infection Control Procedures, Incident Command*, as well as other related topics.

### **3.5.2 ICS and NIMS**

It is also necessary that CTMRC members are trained in Incident Command Structure (ICS) and National Incident Management System (NIMS). Both ICS and NIMS trainings can be taken online through the Federal Emergency Management Agency (FEMA) and the courses are linked on the CTMRC website at <http://www.mclennanpublichealth.org/VIPOnLineTraining.htm>. The course numbers are IS-100 (for the ICS training) and IS-700 (for the NIMS training).

### **3.5.3 Other agencies**

The CTMRC Program also works closely with other emergency response agencies within the county, including Waco-McLennan County Emergency Management, Heart of Texas Council of Governments, Heart of Texas Regional Advisory Council and the American Red Cross. These organizations have training opportunities which are also open to CTMRC volunteers.

### **3.5.4 MRC TRAIN**

Special topics of interest are also available from the on-line source: MRC Train. These courses are recommended to enhance the volunteer's knowledge of emergency operations.

## **3.6 The Incident Command System (ICS)**

The Incident Command System as outlined in the National Incident Command System (NIMS) is utilized by the WMCPHD during all emergency/disaster operations. As all disaster operations must be NIMS compliant, the CTMRC will also conduct all emergency operations by use of the NIMS ICS System.

## **3.7 Restrictions to volunteering with CTMRC**

### **3.7.1 Health District Employees**

Waco-McLennan County Public Health District Employees are restricted from volunteering with the McLennan County CTMRC program, as they will participate in emergency response as a part of normal job duties. Health District Employees' family members are eligible to become CTMRC volunteers.

### **3.7.2 City of Waco Non-exempt Employees**

A City of Waco Employee will not be allowed to be a member of the Central Texas Medical Reserve Corps.

### **3.7.3 Minors**

The WMCPHD and the CTMRC program advocate the recruitment of minors. As such a person from the age of 16- 18 years can be accepted as a Jr. CTMRC volunteer. Jr. members

sign a modified Application Form, and always work under the guidance and direct supervision of an adult CTMRC member.

## **4. General Policies**

### **4.1 Principals of Volunteer Management**

The Central Texas Medical Reserve Corps accepts all volunteers and applicants on the basis of merit, qualifications and competence. This acceptance will be applied without regard to race, sex, religion, color, national origin, age, marital status or disability.

Each volunteer is expected to accept all other volunteers on the basis of these principals.

### **4.2 Harassment**

The CTMRC encourages all volunteers to be aware of issues concerning harassment, including:

#### **4.2.1**

All volunteers should be afforded an environment free of hostile or intimidating circumstances;

- Harassment, including sexual harassment, is contrary to the policies and practices of the CTMRC
- Harassment can cause interpersonal stress and conflict, as well as low volunteer morale;
- Careers and reputations may be damaged by engaging in inappropriate behavior and the emotional toll on individuals and their families can be enormous; and
- Such behavior will not be tolerated.

#### **4.2.2**

Unlawful harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an applicant or volunteer on the basis of age, race, color, creed, religion, national origin or gender and that:

- Has the purpose or effect of creating an intimidating, hostile or offensive working environment; or
- Has the purpose or effect of unreasonably interfering with a volunteer's or employee's work performance

#### **4.2.3**

Sexual harassment is a form of gender discrimination and is not acceptable conduct. Unlawful sexual harassment includes but is not limited to:

- Unwelcome physical contact;
- Sexually explicit language or gestures;
- Uninvited or unwanted sexual advances;
- Offensive environment where any of the following is present: the telling of sexual jokes or sexual stories, or making sexual innuendoes; use of vulgar language or nicknames; possession of sexually explicit photographs or other graphic material, picture, poster or cartoon that could be characterized as demeaning from the perspective of sex or gender, displayed in a manner that is reasonably accessible by others.

#### **4.2.4**

Volunteers who engage in harassment are in violation of this policy and are subject to corrective action, up to and including termination of volunteer status. Conduct at functions sponsored or sanctioned by the City of Waco or any of its departments is also covered by this policy.

#### **4.2.5**

All volunteers are required to report allegations of harassment of which they become aware. Should you feel you have been harassed by volunteers, vendors or customers of the City, you are to report this immediately to the Volunteer Coordinator. City of Waco Human Resources

will investigate the matter. If the allegation is sustained, the responsible volunteer will be disciplined.

#### **4.3 Alcohol and Controlled Substances**

The CTMRC recognizes that the on the job use and/or being under the influence of either abused prescription drugs, illegal or controlled substances, and alcohol may result in serious safety concerns. Not only is the volunteer in jeopardy, but the well-being, personal health, and safety of fellow volunteers, City of Waco employees and the citizens of Waco are threatened.

The City of Waco prohibits volunteers from reporting to a volunteer position or remaining at a volunteer position in an unfit or impaired condition. The City also prohibits possession, consumption, and/or being under the influence of abused prescription drugs, illegal or controlled substances, or alcohol while volunteering for CTMRC duties.

#### **4.4 City Vehicle Policy**

The operating of a City of Waco vehicle by a CTMRC volunteer is not a normal part of their duties. If in the course of volunteer duties, a CTMRC volunteer is told that the driving of a City of Waco vehicle is necessary, the driver in question must be cleared as an authorized driver by the City of Waco Human Resources Department, and City of Waco Risk Management. This clearance and authorization must be gained prior to driving a City vehicle.

#### **4.5 Releases from Volunteer Service**

To ensure the accurate and timely release of volunteers who are being separated from the CTMRC Program, the following categories would be utilized and will be consistent with positive volunteer relations practices.

The categories of release:

- Voluntary release, in good standing, from the CTMRC can be undertaken by submitting a request for release in writing to the Volunteer Coordinator. This request can be forwarded by e-mail.
- Involuntary release can be given for violations of the standards of conduct, safety regulations, unsatisfactory job performance, or any other reason deemed as necessary by the Volunteer Coordinator

### **5. Personal Preparedness**

Preparing in advance for an emergency will help you and your family cope with the physical, mental, and financial burdens that may accompany such disasters. Personal preparedness will also allow you to become a more effective volunteer; knowing that all is taken care of at home will leave you free to help others!

The WMCPHD offers free training to businesses, community organizations and groups on Personal Emergency Preparedness. This training can be presented on-site or at the WMCPHD training center and can be tailored in length for the convenience of the interested party. Contact the CTMRC Coordinator for more information.

The carrying of firearms, knives, or any other weapon is strictly prohibited, and will not be tolerated. Volunteers, who possess a Texas Concealed Carry Permit, will not carry fire arms during volunteer operations. Violations will cause immediate release from the CTMRC.

See [www.ready.gov](http://www.ready.gov) for more information about being prepared.

## 6. Liability of Volunteers for Government Agencies

Prepared by: Office of General Counsel, Texas Department of State Health Services (April 19, 2006)

No one law protects all responders in all circumstances. There are laws that cumulatively and individually provide very thorough coverage. These laws are summarized in a document on the DSHS Community Preparedness web page:

<http://www.dshs.state.tx.us/comp/ogc/statue.doc>. Keep in mind:

- This document or others provided to the public are not a substitute for legal advice. The summaries may omit provisions or exceptions that are relevant to your situation. You should consult a lawyer if you have any questions.
- All of the statutes cited have exceptions for behavior characterized as “willful misconduct”, “gross negligence”, “criminal” or violations of civil rights.
- The laws below protect individuals, not governmental or private entities. Laws exist to protect entities but are not covered here.

Government Volunteers are protected under both state and federal law. The protection under federal law (42 USC §§ 14501-14505) covers all volunteers of governmental and non-profit organizations if they were acting within the scope of their responsibilities and applicable professional license. To qualify as a volunteer, the person should accept no reimbursement except reimbursement of expenses.

Other provisions protect volunteers engaged in “homeland security activities” at the request of government. These activities are defined broadly to include a “terrorist attack, natural or man made disaster” (Government Code §§421.061, 421.001). When engaged in these activities they are considered to be members of the state military forces for purposes of civil liability.

Volunteers providing requested assistance to government to manage a disaster are covered by Civil Practice and Remedies Code §79.003.

Volunteers providing emergency medical care may be protected under provisions of the Texas “Good Samaritan” law (Civil Practice and Remedies Code §§ 74.151, 74.152).

Civil Practice and Remedies Code Chapters 102 and 108 may cover volunteers of local government agencies, in the same manner as local government employees, if the local government elects to provide such coverage.

This information is from the Texas Department of State Health Services

<http://www.dshs.state.tx.us/comp/ogc/>

## 7. Volunteer Registration

To be considered for acceptance as a CTMRC Volunteer, all prospective volunteers must complete the following forms and submit them to the CRMRC Coordinator.

- 7.1 Volunteer Application
- 7.2 Abilities and Skills List
- 7.3 Background Check Waiver
- 7.4 Confidentiality Policy
- 7.5 Media Release
- 7.6 Code of Conduct and Volunteer Agreement

Once these forms have been submitted, the CTMRC Coordinator will review the forms and determine applicant eligibility.

All CTMRC Volunteers will be required to register in the Texas Disaster Volunteer Registry (TDVR) through the web-based system, [www.texasdisastervolunteerregistry.org](http://www.texasdisastervolunteerregistry.org). This system serves as the primary means for credentialing and notification/activation of CTMRC Volunteers.

## 7.1 Volunteer Application



### Central Texas Medical Reserve Corp Waco-McLennan County Public Health District Volunteer Application



Last Name		First		Middle	
Home Address		City	State	Zip	<input type="checkbox"/> Preferred Mailing Address
Business Address		City	State	Zip	<input type="checkbox"/> Preferred Mailing Address
Home Phone	Mobile Phone	E-Mail Address		Business Phone	Fax
<b>Experience:</b> (Include both paid and volunteer work experience, beginning with most recent)					
Organization Name & Position		Address		Phone	
From	To	Supervisor's Name/Title			
Organization Name & Position		Address		Phone	
From	To	Supervisor's Name/Title			
Organization Name & Position		Address		Phone	
From	To	Supervisor's Name/Title			
<b>Professional License(s):</b>					
Type:		Number:	State:	Expiration Date:	
Type:		Number:	State:	Expiration Date:	
<b>Education and Training:</b> (begin with most recent)					
Institution Name		City/State	Degree/Major	Date Attended	
Language other than English (specify): <input type="checkbox"/> Speak only <input type="checkbox"/> Read only <input type="checkbox"/> Fluent					
<b>Volunteering:</b> Check positions you hold or skills you possess.					
<input type="checkbox"/> Administrative <input type="checkbox"/> Armed Forces <input type="checkbox"/> Casework <input type="checkbox"/> Certified Nurse's Aid <input type="checkbox"/> Communication (Ham radio) <input type="checkbox"/> Community Disaster Services <input type="checkbox"/> Counseling <input type="checkbox"/> CPR/First Aid		<input type="checkbox"/> Data Entry <input type="checkbox"/> Equipment Maintenance <input type="checkbox"/> HIV/Aids Education <input type="checkbox"/> Leadership <input type="checkbox"/> Nurse <input type="checkbox"/> Advanced Nurse Practitioner <input type="checkbox"/> Mental Health Skills <input type="checkbox"/> Paramedic		<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacist Tech/Assistant <input type="checkbox"/> Planning <input type="checkbox"/> Public Relations/Media <input type="checkbox"/> School Employee <input type="checkbox"/> School Nurse <input type="checkbox"/> Secretarial	
				<input type="checkbox"/> Security <input type="checkbox"/> Teaching <input type="checkbox"/> Training <input type="checkbox"/> Traffic Control <input type="checkbox"/> Translator <input type="checkbox"/> Transportation <input type="checkbox"/> Other:	
<b>Availability for training purposes:</b>					
<input type="checkbox"/> Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Friday <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Saturday <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Sunday <input type="checkbox"/> AM <input type="checkbox"/> PM					
Do you have personal transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>Emergency Contact Information:</b>			
Name	Relationship	Address	Phone
<b>Previous Volunteer Experience:</b>			
Have you ever worked as an employee for a volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please give the following: Position: _____ Dates: _____ Location: _____	
Have you ever volunteered with another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please give the following: Position: _____ Dates: _____ Location: _____	
Have you ever held any Red Cross certification (ex., Health & Safety Instructor, DSHR member)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____			
<b>A "yes" answer to the following italicized questions will not necessarily disqualify any applicant.</b>			
Are you licensed to operate a motor vehicle in the state of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Has your license to operate a motor vehicle ever been revoked?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, has your bonding ever been revoked?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____			
<i>Have you ever been convicted of a felony or (within the past 24 months) a misdemeanor that resulted in imprisonment?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
<i>Have any of your Red Cross certifications ever been revoked?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
Do you have any experience leading groups or working at large community events or in emergencies? If so please list below. <i>(optional)</i> _____			
<b>Personal References:</b>			
Name	Phone	Relationship	
Name	Phone	Relationship	
<b><i>VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS</i></b>			
<p>I do hereby give the Waco-McLennan County Public Health District permission to inquire into my educational background, references, driving record, police records, employment and/or volunteer history. I further give permission to the holder of such records to release the same to the Waco-McLennan County Public Health District.</p> <p>I do hereby hold the Waco-McLennan County Public Health District harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to the Health District. I understand that the Health District will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.</p> <p><input type="checkbox"/> I agree to the above statement. <input type="checkbox"/> I do not agree to the above statement.</p> <p>Name: _____ Social Security Number: _____</p> <p>Date: _____</p> <p>Signature: _____ Date: _____ Witness: _____ Date: _____</p>			

I do not wish to be in the Public Health Information Network \_\_\_\_\_

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## 7.2 Abilities and Skills List



# Central Texas Medical Reserve Corp

## Waco-McLennan County Public Health District

### Skills Assessment



Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Your Occupation \_\_\_\_\_ Employer \_\_\_\_\_

I am willing to volunteer in counties outside of McLennan \_\_\_ Yes \_\_\_ No

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: \_\_\_\_\_

\_\_\_\_\_

Membership with Service Club/Organization: (list) \_\_\_\_\_

**SKILLS:** Please check all that apply

**Medical**

\_\_\_ Doctor Specialty: \_\_\_\_\_

\_\_\_ Nurse Specialty: \_\_\_\_\_

\_\_\_ Emergency Medical Tech

\_\_\_ Mental Health Counselor

\_\_\_ Veterinarian

\_\_\_ Veterinary technician

\_\_\_ Other: \_\_\_\_\_

**Communications**

\_\_\_ CB or Ham operator

\_\_\_ Telephone Receptionist

\_\_\_ Public Relations

\_\_\_ Web page design

**Language other than English:**

\_\_\_ Spanish

\_\_\_ French

\_\_\_ Chinese

\_\_\_ German

\_\_\_ Other: \_\_\_\_\_

**Office Support**

\_\_\_ Clerical—filing, copying

\_\_\_ Date entry

\_\_\_ Software skills (list): \_\_\_\_\_

\_\_\_ Medical Clerical

Last Revised September 9, 2014

**Structural**

\_\_\_ Damage Assessment

\_\_\_ Construction Type: \_\_\_\_\_

\_\_\_ Plumbing Cert# \_\_\_\_\_

\_\_\_ Electrical Cert# \_\_\_\_\_

\_\_\_ Roofing Cert# \_\_\_\_\_

**Transportation** (experience with; you are not offering personal vehicle)

\_\_\_ Car

\_\_\_ Station Wagon/SUV

\_\_\_ Maxi-van, capacity \_\_\_\_\_

\_\_\_ ATV

\_\_\_ Own off-road vehicle/4wd

\_\_\_ Own truck, description \_\_\_\_\_

\_\_\_ Commercial driver Class & license # \_\_\_\_\_

\_\_\_ Camper/RV

**Labor/Equipment**

\_\_\_ Supervisor experience

\_\_\_ Loading/shipping

\_\_\_ Sorting/packing

\_\_\_ Operate equipment Types: \_\_\_\_\_

\_\_\_ \_\_\_\_\_

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(example: backhoe, saw)

**SERVICES:** Willing to help with

\_\_\_ Animal Care/Rescue

\_\_\_ Child Care

\_\_\_ Clean Up

\_\_\_ Comfort/Counseling

\_\_\_ Communications

\_\_\_ Damage Assessment

\_\_\_ Data Entry

\_\_\_ Direct traffic

\_\_\_ Driving/Transportation

\_\_\_ Food Service

\_\_\_ Greeter/Forms

\_\_\_ Health Care

\_\_\_ Heavy Lifting/Warehouse

\_\_\_ Heavy Equipment Op.

\_\_\_ Language translation

\_\_\_ Notes/documentation

\_\_\_ Office work

\_\_\_ Phone/Receptionist

\_\_\_ Pick Up & Delivery

\_\_\_ Process Donations

\_\_\_ Rescue

\_\_\_ Security

\_\_\_ Shelter Services

\_\_\_ Special Populations (seniors, disabled)

\_\_\_ Training/Administration

\_\_\_ Other: \_\_\_\_\_

\_\_\_ 13 \_\_\_\_\_

**7.3 Background Check Waiver**

**CITY OF WACO  
GENERAL EMPLOYMENT INQUIRY RELEASE AND WAIVER**

I hereby authorize any authorized representative of the City of Waco bearing this release or a copy thereof to obtain information contained in any file, Motor Vehicle Record (MVR), or other compilation system relating to former employment, educational, or criminal history information matters. This waiver extends to any and all information possessed by local, county, state, or federal law enforcement agencies that retain criminal history information. I further request and authorize you to release any and all information related to any investigation of me for disciplinary purposes or alleged acts of misconduct, regardless of investigation results. I further authorize the City of Waco's designated employees to discuss with representatives of the City of Waco all information and records provided to the City of Waco. I direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Waco.

I understand that this release, if hired by the City of Waco, is good for the term of my employment with the City of Waco.

I hereby release the City of Waco, its officers, employees, and agents from any and all liability or damage that may result from furnishing the information requested above to the City of Waco. Furthermore, I shall hold any and all persons who release the information and records described herein harmless from any liability for any and all release and disclosure to the City of Waco of the information and records described herein, and any discussion of the information. A photostatic copy of this authorization shall be considered as valid as the original.

Full Legal Name (Print): \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Current \_\_\_\_\_  
Address: (Number) (Street) (Apt #) (City) (State) (Zip)

Previous \_\_\_\_\_  
Address: (Number) (Street) (Apt #) (City) (State) (Zip)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

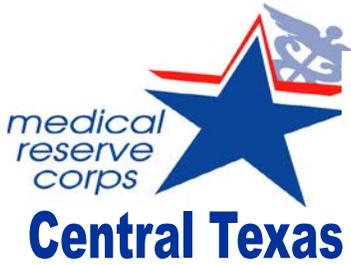
Drivers License: \_\_\_\_\_  
State Number Class Exp. Date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

**7.4 Confidentiality Policy**



**Central Texas Medical Reserve Corp**  
Waco-McLennan County Public Health District  
Confidentiality Policy



All information obtained from or concerning contacts/clients is a privileged communication. Neither employees nor volunteers should divulge any information concerning a contact/client to outside sources without written permission of the contact/client.

*Confidentiality* means:

- AT NO TIME is the name of a contact or client used unless it is necessary for the service being delivered to that person. (Example, a contact has a question and you cannot answer it. The contact requests someone call him/her with the answer. You document the name, address and telephone number. This information should not be shared with anyone except appropriate staff)
- Contacts/clients seen in other places should not be recognized unless they make the first move.

We must avoid being trapped by these (or any other) pitfalls:

- Talking over "cases" by name with other personnel
- Mentioning, even in strictest confidence, to a close friend or family member or anyone else, the name of a patient
- Using clients'/contacts' full names in a place where they can be overheard
- Discussing confidential matters with a contact/client where you can be overheard
- Using specific case histories, even without using names, to illustrate a story about your daily contacts or at social gatherings.

We must protect a person's privacy.

\*\*\*\*\*

I, the undersigned, have read the above and understand the policy on confidentiality of the Waco-McLennan County Public Health District and the City of Waco Employee Health Services. I agree to respect the confidentiality of all client / contact information that I gain, either directly or indirectly, in my work and assignment with the health district. I further understand that any breach of this agreement is grounds for disciplinary action up to and including termination of my placement with the Health District.

SIGNATURE OF VOLUNTEER: \_\_\_\_\_

PRINT NAME OF VOLUNTEER: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

**7.5 Media Release**



**Central Texas Medical Reserve Corp**  
Waco-McLennan County Public Health District  
Media Release



I, \_\_\_\_\_, hereby grant the Waco-McLennan County Public Health District permission to use my name, voice and/or likeness in the format of either film, video, slide, voice recording or photograph as recorded by the Waco-McLennan County Public Health District or its representative of me individually or in a group in connection with production, distribution, or advertising projects.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

-----  
Parent/Guardian Permission

I, \_\_\_\_\_, hereby grant the Waco-McLennan County Public Health District permission to use the name, voice and/or likeness in the format of either film, video, slide, voice recording or photograph as recorded by the Waco-McLennan County Public Health District or its representative of my son/daughter \_\_\_\_\_ either individually or in a group in connection with production, distribution, or advertising projects.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

7.6 Code of Conduct and Volunteer Agreement



**Central Texas Medical Reserve Corp**  
Waco-McLennan County Public Health District  
Code of Conduct



**CENTRAL TEXAS MEDICAL RESERVE CORPS  
CODE OF CONDUCT**

It is imperative that all volunteers understand that their conduct must at all times be above reproach. To ensure that CTMRC Volunteers understand there is a standard of conduct, the following Code of Conduct is set out to describe the standard which is desired.

1. All information obtained from or concerning contacts/clients is a privileged communication. I have read and will follow the Confidentiality policy
2. A volunteer is not to utilize the name, emblem, or logo of the CTMRC, the City of Waco, McLennan County or any other related response agency to gain financial aid or advantage.
3. A volunteer will not accept, seek or receive any financial gain, or advantage from their service with CTMRC.
4. A volunteer will not publicly utilize any of the items mentioned in paragraph 2 in conjunction with any promotion of partisan politics, religious matters, or personal causes.
5. A volunteer will not knowingly take action or make any statements to influence the city or county in matters which the individual has significant interest or affiliation.
6. A volunteer will always operate or act in a manner which is considered in the best interest of the city, county and CTMRC.
7. A volunteer will adhere to all the principals outlined in the CTMRC Volunteer Policy Manual.

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**I, the undersigned, have read the above and understand the Code of Conduct of the Central Texas Medical Reserve Corps. I acknowledge that I have received a copy of the CTMRC Volunteer Policy manual, and will abide by principals set out in that document, and the 7 standards set out above.**

**I further understand that any breach of this Code of Conduct is grounds for action up to and including termination of my volunteer status with the Central Texas Medical Reserve Corps.**

SIGNATURE OF VOLUNTEER: \_\_\_\_\_

PRINT NAME OF VOLUNTEER: \_\_\_\_\_

Date signed: \_\_\_\_\_