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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 widespread 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 Update
- 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.

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 at https://training.fema.gov/emiweb/is/icsresource/trainingmaterials.htm#item2. 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 of 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 firearms during volunteer operations. Violations will cause immediate release from the CTMRC.

See 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/comprep/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.

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

To be considered for acceptance as a CTMRC Volunteer, all a prospective volunteers must also complete the following forms and submit them to the CRMRC Coordinator. Once these forms have been submitted, the CTMRC Coordinator will review the forms and determine applicant eligibility.
Central Texas Medical Reserve Corps
Waco-McLennan County Public Health District

Application Checklist

Name: ____________________________________________

Phone Number: ________________________________

Email Address: ________________________________

Thank you for your interest in the Central Texas Medical Reserve Corps! In order to complete your registration, please ensure all of the following are complete:

☐ TDVR Profile Completed  OR  Application Completed
   *(A paper application is not required if you register online at www.texasdisastervolunteerregistry.org)*

☐ List of Skills and Abilities *(This form can also be skipped if a TDVR profile is completed)*

☐ Confidentiality Policy

☐ Media Release

☐ Code of Conduct and Volunteer Agreement

☐ Release of Liability & Assumption of Risk

**Background Check:**

All volunteers are required to complete a background check. Once all of the above forms have been submitted, and MRC representative will contact you with instructions on how to complete the background check.
7.1 Volunteer Application

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<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>□ Preferred Mailing Address</th>
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<th>Zip</th>
<th>□ Preferred Mailing Address</th>
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<th>Home Phone</th>
<th>Mobile Phone</th>
<th>E-Mail Address</th>
<th>Business Phone</th>
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**Experience:** (Include both paid and volunteer work experience, beginning with most recent)

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<tr>
<th>Organization Name &amp; Position</th>
<th>Address</th>
<th>Phone</th>
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<td>From</td>
<td>To</td>
<td>Supervisor’s Name/Title</td>
</tr>
<tr>
<td>Organization Name &amp; Position</td>
<td>Address</td>
<td>Phone</td>
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<tr>
<td>From</td>
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<td>Supervisor’s Name/Title</td>
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<td>Organization Name &amp; Position</td>
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<td>Phone</td>
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<tr>
<td>From</td>
<td>To</td>
<td>Supervisor’s Name/Title</td>
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**Professional License(s):**

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<th>Type</th>
<th>Number</th>
<th>State</th>
<th>Expiration Date</th>
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**Education and Training:** (begin with most recent)

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<th>Institution Name</th>
<th>City/State</th>
<th>Degree/Major</th>
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Language other than English (specify):

☐ Speak only ☐ Read only ☐ Fluent

**Volunteering:** Check positions you hold or skills you possess.

- ☐ Administrative  ☐ Data Entry  ☐ Physician  ☐ Security
- ☐ Armed Forces  ☐ Equipment Maintenance  ☐ Physician Assistant  ☐ Teaching
- ☐ Casework  ☐ HIV/AIDS Education  ☐ Pharmacist  ☐ Training
- ☐ Certified Nurse’s Aid  ☐ Leadership  ☐ Pharmacist Tech/Assistant  ☐ Traffic Control
- ☐ Communication (Ham radio)  ☐ Nurse  ☐ Planning  ☐ Translator
- ☐ Community Disaster Services  ☐ Advanced Nurse Practitioner  ☐ Public Relations/Media  ☐ Transportation
- ☐ Counseling  ☐ Mental Health Skills  ☐ School Employee  ☐ Transportation
- ☐ CPR/First Aid  ☐ Paramedic  ☐ School Nurse  ☐ Other:

**Availability for training purposes:**

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
- ☐ AM ☐ PM ☐ AM ☐ PM ☐ AM ☐ PM ☐ AM ☐ PM ☐ AM ☐ PM

Do you have personal transportation? ☐ Yes ☐ No

Waco-McLennan County Public Health District - December 2007
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<th>Emergency Contact Information:</th>
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<tbody>
<tr>
<td>Name</td>
<td>Relationship</td>
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</table>

| Previous Volunteer Experience: |
|-----------------------------|--|
| Have you ever worked as an employee for a volunteer organization? □ Yes □ No |
| If yes, please give the following: |
| Position: | Dates: | Location: |

| Have you ever volunteered with another organization? □ Yes □ No |
| If yes, please give the following: |
| Position: | Dates: | Location: |

| Have you ever held any Red Cross certification (ex., Health & Safety Instructor, DSHR member)? □ Yes □ No |
| If yes, please list: |

A “yes” answer to the following italicized questions will not necessarily disqualify any applicant.

| Are you licensed to operate a motor vehicle in the state of Texas? □ Yes □ No |
| Has your license to operate a motor vehicle ever been revoked? □ Yes □ No |
| If yes, please explain: |

| Have you ever been bonded? □ Yes □ No |
| If yes, has your bonding ever been revoked? □ Yes □ No |
| Please explain: |

| Have you ever been convicted of a felony or (within the past 24 months) a misdemeanor that resulted in imprisonment? □ Yes □ No |
| If yes, please explain: |

| Have any of your Red Cross certifications ever been revoked? □ Yes □ 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. *(optional)*

<table>
<thead>
<tr>
<th>Personal References:</th>
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<tr>
<td>Name</td>
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<td>Name</td>
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**VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS**

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.

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.

□ I agree to the above statement. □ I do not agree to the above statement.

Name: ____________________________  Social Security Number: ____________________________

Date: ____________________________

Signature: ____________________________  Date: __________  Witness: ____________________________  Date: __________

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

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**Volunteer Policy Manual**

Last Revised September 9, 2014 12
### 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) ____________________________________________

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<td>___ Nurse Specialty: ________</td>
<td>___ Construction Type: ________</td>
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<td>___ Emergency Medical Tech</td>
<td>___ Plumbing Cert#</td>
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<td>___ Mental Health Counselor</td>
<td>___ Electrical Cert#</td>
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<td>___ Roofing Cert#</td>
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<td>___ Veterinary technician</td>
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<th>Transportation (experience with; you are not offering personal vehicle)</th>
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<td>___ Public Relations</td>
<td>Maxi-van, capacity ______</td>
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<td>Medical Clerical</td>
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<td>Last Revised September 9, 2014</td>
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**Volunteer Policy Manual**

(example: backhoe, saw)
7.4 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: 

Volunteer Policy Manual
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 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.

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: _____________________________

Volunteer Policy Manual

Last Revised September 9, 2014
WACO-McLENNAN COUNTY PUBLIC HEALTH DISTRICT
RELEASE OF LIABILITY & ASSUMPTION OF RISK

THE STATE OF TEXAS §
§
COUNTY OF McLENNAN §

KNOW ALL MEN BY THESE PRESENTS:

I, the undersigned, being over the age of 18 years and being of sound mind, hereby request that the WACO-McLENNAN COUNTY PUBLIC HEALTH DISTRICT and the CITY OF WACO permit and allow me to volunteer at the Waco-McLennan County Public Health District. As a Volunteer, I will be provided an opportunity for a learning experience and training in a community environment in the public health field. I will not be an employee of the District or City. In consideration for the Waco-McLennan County Public Health District and City of Waco allowing me to do this, I agree as follows:

I hereby agree to RELEASE AND FOREVER DISCHARGE the Waco-McLennan County Public Health District, the City of Waco, and all of its elected officers, employees, officials, and agents, from any and all claims, suits, liability, demands or causes of action on account of personal injury, death, or property damage, that may arise from or in connection with my participation as a Volunteer. In executing this release, I am expressly binding myself, my heirs, executors, administrators, and assigns by the terms of this release for any claim or cause of action of any kind that may arise out of my participation in the program and presence on City owned property, whether caused by a negligent, grossly negligent, reckless, deliberately indifferent, or intentional act of the Waco-McLennan County Public Health District or the City of Waco, or any employees, elected officers, officials, or agents of the City of Waco. I further agree to save and hold harmless the Waco-McLennan County Public Health District and City of Waco from any claim by me, or my family, estate heirs, or assigns, arising out of my participation as a Volunteer at the Public Health District and/or my presence on City owned property.

Signed this ______DAY________ day of _________Month__________, Year______.

_________________________________________  Date of Birth: ______________
Signature

________________________________________________  ________________________________________
Printed Name    Home Telephone

________________________________________________  ________________________________________
Address          Work Telephone

_________________________________________              ______________________________
City     State  Zip    Cell Phone

_________________________________________
Email Address

In case of emergency, notify:
Name: __________________________________________

________________________________________________
Address: __________________________________________

________________________________________________
Home Tel. # ________________________ Work Tel. # ________________________

Cell Tel # ______________________________________

Relationship to me: ________________________________________________