

Volunteer Management

ANNEX V- KNOX COUNTY EMERGENCY OPERATIONS PLAN

6/25/2021



For all Agencies, Participant Organizations and Staff serving Knox County

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Primary Agency: Knox County Emergency Management Agency
Knox County Community Emergency Response Team (CERT)

Support Agencies: Knox County Sherriff's Office
Public Information Officer

I. Introduction

A. Purpose

Knox County Emergency Management Agency (KCEMA) is responsible for developing emergency plans for the response to all types of emergencies and disasters. The purpose of this plan is to identify the process of establishing a Volunteer Reception Center (VRC) to manage volunteers following an emergency. The effective and efficient management of volunteers is crucial in order to effectively coordinate the response to an emergency or disaster.

B. Scope

This annex applies to all participating departments and agencies of the jurisdictions contained within the geographic boundaries of Knox County.

C. Policy

It is the policy of Knox County to develop plans and procedures that incorporate the concepts of the National Incident Management System (NIMS), the Incident Command System (ICS) and the National Preparedness Goal.

D. Core Capabilities

This annex addresses the following Core Capabilities as defined in the National Preparedness Goal.

- Public Information and Warning
- Operational Coordination

II. SITUATION AND ASSUMPTIONS

Following an emergency, the number of unaffiliated volunteers who arrive on-scene can overwhelm an agency that is not prepared to manage them. If managed effectively, unaffiliated volunteers can be a valuable resource during an emergency. The VRC will also provide direction to affiliated volunteers showing up individually. The

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establishment of a VRC allows other agency volunteer managers to register and track volunteers throughout the entirety of the disaster. Volunteer managers will be responsible for establishing direct communication with the VRC coordinator or designee. Volunteer organizations that credential affiliated volunteers assume the responsibility of ensuring up to date training and certifications including all associated risks that an affiliated volunteer may be exposed to.

Volunteers can usually be described in one of two categories:

Affiliated volunteers - individuals associated with existing volunteer or professional organizations prior to the incident. Affiliated volunteers typically have received some training, have some experience with command structures and service expectations and likely have been vetted by the organization with which they are affiliated.

Unaffiliated, convergent or spontaneous volunteers - individuals who spontaneously appear at the scene and wish to participate in the response effort. Little can be assumed related to training, experience, skills, and vetting of these volunteers; and, for that reason these volunteers will not be incorporated into the operation of the FAC.

III. CONCEPT OF OPERATIONS

A. Site Requirements

1. KCEMA has identified multiple locations in which a VRC could be established within the county. These locations are listed in Tab A.
2. The VRC site will vary depending upon the size of the operation and amount of anticipated volunteers. The following are a few VRC site requirements:
 - a. Adequate Space: Preferably a large indoor room with smaller adjoining rooms for training or reception area. The VRC location should be large enough for several different staging areas for the volunteer check-in process.
 - b. Tables and Chairs: Several tables will be needed for each stage of the process. Extra chairs will be needed for a large reception area, as well as the training rooms.
 - c. Signage: All locations, inside and outside, should be marked clearly with proper signage.
 - d. Parking: VRC locations should be able to accommodate a large volume of vehicles without impeding the flow of normal traffic. If necessary, traffic control will be implemented by CERT staff or other volunteers.
 - e. Communication: There should be a direct line of communication between the VRC and EOC. This will provide direction on the type and number of volunteers needed in specific areas.

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- f. Accessibility and proximity from the disaster area: VRC should be located away from the disaster site, however in close enough proximity for efficient response time to exploit the necessary volunteers to their assigned area.
- g. Security: The CERT coordinator or designee shall request security from the Knox County Sheriff's Office when necessary.

B. Establishing a Volunteer Reception Center (VRC)

1. The Knox County Community Emergency Response Team (CERT), under the direction of the Knox County Emergency Management Agency, will be the lead agency in the establishment of the VRC.
2. The VRC should be established immediately following a large-scale emergency or event. This will provide a location for unaffiliated and affiliated (if necessary) volunteers to gather and be processed.
3. For accountability purposes, all VRC staff will sign-in, sign out and account for hours worked per task. A sign-in/sign out log is provided in Tab B.
4. The CERT Coordinator or their designee shall communicate directly with the Emergency Operation Center (EOC).
5. If the EOC is not activated, the CERT Coordinator will communicate directly with the Director of the Knox County Emergency Management Agency (KCEMA) or designee.
6. The EMA Director, CERT Coordinator or other designee will coordinate with all volunteer organizations assisting in the disaster to identify what volunteer opportunities are available.
7. The CERT Coordinator or their designee shall document all VRC expenses while the VRC site is activated.

IV. ORGANIZATION

A. Registration

1. The first area that volunteers should see when they arrive at the VRC is the intake/registration area. Once the volunteers sign-in using the sign-in located in Tab C, staff at the VRC should inform volunteers about the process. Staff should then provide a copy of the volunteer instruction form located in Tab D and the volunteer registration form located in Tab E. The registration form will ask for contact and personal information.
2. Mass Casualty disasters requires special screening when volunteers want to assist. Due to immediate hardship in a mass causality incident, screening volunteers becomes critical. If a mass causality/fatality incident would arise, using the appropriate questionnaire form is vital. The Mass Fatality Questionnaire Form is located in Tab F.
3. A background check will be conducted by the Knox County Sheriff's Department. This background check will be completed on scene and shall eliminate any

person from volunteering that has pending charges or been convicted of any felony or any sexually oriented crime.

4. Upon successful completion of the background check, the volunteer will complete the Volunteer Oath Form located in Tab G.

B. Interviews

Following initial registration, a VRC staff member should conduct a brief interview using the Disaster Volunteer Referral Form located in Tab H with each volunteer. The purpose of the interview is to make appropriate referrals based on the candidate's skills and interests. The interviewer should make any notes on the candidate's registration form regarding any special or needed skills. A computer or hand-held device will be utilized to provide language translation if needed. The candidate is then given a referral form and should be ushered to the data coordination area.

C. Coordination Area

The VRC staff at the coordination area matches volunteers to open positions. When the volunteer arrives at the coordination area with their referral form, the VRC staff should record the referral and inform the requesting agency that the position has been filled.

D. Credentialing

1. Credentialing volunteers will be conducted at the VRC site.
2. Credentialing will only occur once it has been verified that the volunteer has successfully completed a background check.
3. Identification could include wristbands or photo ID cards. Volunteer identification and/or credentials should have the following information visible:
 - a. Volunteer's Name
 - b. Agency or site referred to; and
 - c. Date(s) that the volunteer is authorized to work

E. Safety Briefing/Training

Following identification/credentialing, the volunteer should report to the safety training area of the VRC to receive a safety briefing and if necessary, specific job training. A sample safety briefing is located in Tab I.

F. Transportation

The VRC coordinator will work with the EMA Director or EOC when activated to provide transportation services for volunteers to job task locations when necessary.

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The determination will be based upon several factors including site location, site security, and the scope of the emergency.

V. ASSIGNMENT OF RESPONSIBILITIES

A. Support Functions

There are several areas within the VRC that do not work directly with the volunteers at the VRC. These areas should be in a separate area of the VRC, so it does not interrupt the flow of the volunteer processing.

1. Phone Bank

The VRC phone bank's primary function is to communicate with unaffiliated volunteers seeking more information specifics roles of a volunteer and the needs of volunteer organizations through the EOC.

2. Data Entry

The VRC data-entry staff is responsible for entering all volunteer intake forms into the VRC database to manage and track the volunteer's appropriately.

3. Public Information

A Public Information Officer (PIO) should be assigned to work with the VRC. The PIO is responsible for quick and precise messaging of the VRC needs. Furthermore, the PIO should be the only member of the VRC staff that communicates needs or operations updates to the media. The PIO should coordinate their efforts with the County PIO at the Joint Information Center (JIC) or the County EOC. The PIO should develop pre-scripted messages to facilitate rapid dissemination to the media and the public.

VI. TRAINING AND EXERCISES

The roles within a VRC are unique and pose many challenges. To provide the best service possible, it is imperative that partner departments and agencies develop and implement a comprehensive training and exercise program that includes; job specific roles and responsibilities, the principles of the National Incident Management System (NIMS) and Incident Command System (ICS).

VII. PLAN DEVELOPMENT AND MAINTENANCE

A. All agencies involved in the operations of a VRC in Knox County are invited to be involved with review of this annex. Representatives of each agency are responsible

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- for reviewing this annex and submitting changes to the County EMA Director. These recommendations should be based upon opportunities for improvement identified through exercises, actual events, and changes in organizational structure.
- B. Knox County EMA will coordinate any necessary meetings to review the recommendations identified and incorporate any needed modifications to this annex to include any state and federal requirements.
 - C. The Knox County EMA will publish and distribute all changes to this annex and forward revisions to all responsible organizations listed in this annex.
 - D. All agencies and organizations with responsibilities in VRC operations are responsible for developing and maintaining departmental SOPs, mutual aid agreements, equipment inventories and personnel roster including 24-hour emergency telephone notification numbers.

VIII. AUTHORITIES AND REFERENCES

A. Authorities

- Ohio Revised Code Section 5502.21

B. References

- Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide 101-Version 2.0
- National Preparedness Goal, Second Edition

IX. AUTHENTICATION

President
Knox County Board of Commissioners

Date

Director
Knox County Emergency Management Agency

Date

Coordinator
Community Emergency Response Team

Date

Knox County Sheriff

Date

X. TABS

Tab A: VRC Sites

1. Knox Public Health **(PRIMARY)**
11660 Upper Gilchrist Road
Mount Vernon, OH 43050
(740) 392-2200

2. The Salvation Army **(SECONDARY)**
206 East Ohio Ave
Mount Vernon, OH 43050
(740) 392-8716

3. Centerburg Church of Christ
3830 Columbus Road
Centerburg, OH 43011
(740) 625-6924

4. Fredericktown United Methodist Church
123 Columbus Rd
Fredericktown, OH 43019
(740) 694-5806

5. St. Luke Catholic Church
307 Market St.
Danville, OH 43014
(740) 599-6362

Tab D: Volunteer Instructions Form

Volunteer Instructions

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

Thank you for Volunteering!

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Tab E: Volunteer Registration Form

Please print clearly.

Mr. Mrs. Ms. Name Birth Date Day Phone
E-mail address Evening Phone
Home Address City ST Zip
Emergency Contact Relationship Emergency Phone
Your Occupation Employer
Business Address City ST Zip
Are you a year-round resident? Yes No Months you are available
If you have any health limitations, please explain
I am willing to volunteer in: this county a neighboring county anywhere in the state anywhere in the U.S.
Are you currently affiliated with a disaster relief agency? If yes, name of agency:
Special skills and/or vocational/disaster training:

SKILLS: Please check all that apply.

MEDICAL
Doctor - Specialty:
Nurse - Specialty:
Emergency medical cert.
Mental health counseling
Veterinarian
Veterinary technician
COMMUNICATIONS
CB / ham operator
Hotline operator
Cell phone #
Satellite phone #
Public relations
Web page design
Public speaker
Language other than English:
French
German
Italian
Spanish
Russian
Creole

OFFICE SUPPORT
Clerical - filing, copying
Data entry - Software:
Phone receptionist
SERVICES
Food
Assistance to elderly.
Child care
Spiritual counseling
Social work
Search and rescue
Auto repair/towing
Traffic control
Crime watch
Animal rescue
Animal care
Runner
Functional needs support
STRUCTURAL
Damage assessment
Metal construction
Wood construction
Block construction Cert. #
Plumbing Cert. #
Electrical Cert. #
Roofing Cert. #

TRANSPORTATION
Car
Mini van
Maxi-van, capacity
ATV
Own off-road veh/4wd
Own truck, description:
Own boat, capacity
Type:
Commercial driver
Class & license #:
Camper/RV, capacity & type:
Wheelchair transport
LABOR
Loading/shipping
Sorting/packing
Clean-up
Operate equipment -
Types:
Have experience supervising others
EQUIPMENT
Chainsaw
Backhoe
Generator
Other:

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Volunteer Registration Form (Cont.)

Release of Liability Statement

In consideration of my desire to serve as a volunteer in disaster relief efforts to be conducted by the Volunteer Management Annex of Knox County, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise or other activity of any nature, including the use of equipment and facilities of the specified Volunteer Reception Center, Knox County Emergency Management Agency, Knox County Health Department, or other controlling agency or entity.

Further, I, for myself and my heirs, executors, administrators and assigns, hereby release the Volunteer Management Annex, Knox County Emergency Management Agency, Knox County Board of Commissioners, and the Knox County Health Department, including the officers, directors, employees, agents, and volunteers of these governmental units, from any and all claims which I or my heirs, administrators and assigns may have against any of the above. I hereby waive all claims, demands, and causes of action arising as a result of, by reason of, or arising in connection with such volunteer relief efforts or my participation therein.

By signing my name below, I represent and warrant that I have no known physical or mental condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and understand the contents thereof and sign this release as my own free act.

I do further agree that the above referenced governmental units, its employees or assigns reserve the right to terminate my participation at any time for no cause.

Volunteer:

Date: _____ Signature: _____

Print Name: _____

Witness:

Date: _____ Signature: _____

Print Name: _____

Volunteer Registration Form (Cont.)

Parental Agreement for Minor Volunteer

I, the parent or legal guardian of _____, a minor child, agree to allow the above referenced child to volunteer for the Volunteer Management Annex of Knox County, and am aware that working with various materials and equipment may be hazardous. I am allowing said minor to participate in this activity and agree to assume any and all risks of injury, death, or property damage resulting from this activity. This agreement will remain in effect while the minor serves as a volunteer with the above referenced governmental entities.

In consideration of allowing said minor to participate as a volunteer, I agree that I, our heirs, distributes, guardians, legal representatives and assigns will not make a claim against, sue to attach the property of, or prosecute the Volunteer Management Annex, Knox County Board of Commissioners, Knox County Emergency Management Agency, Knox County Health Department, or any of the officers, directors, employees, agents, or affiliated organizations of these governmental units, for any injury, death, or property damage occurring to said minor as a result of participation.

I agree for myself and my heirs, distributes, guardians, legal representatives, and assigns that if any claim for personal injury, death, or property damage is prosecuted against the county governmental units or any of its affiliated organizations, I agree to indemnify and hold harmless the county governmental units or any of its affiliated organizations, from any and all claims or causes of action by whomever made and wherever presented.

I do further agree that the above referenced governmental units, its employees or assigns reserve the right to terminate said minor's participation at any time for no cause.

Name of Parent or Legal Guardian and date:

Date: _____ Signature: _____

Print Name: _____

Witness:

Date: _____ Signature: _____

Print Name: _____

Tab F: Mass Fatality Questionnaire

Mass Casualty disasters are automatically considered hardship assignments due to the emotional stress presented at all levels of work assignment locations. Those assigning staff to mass casualty disaster response operations are expected to screen volunteers and select those members who will not become a liability to the operation. All personnel must be willing to adhere to assignment instructions provided by their function supervisor and following the responsibilities identified in the plan.

STAFF SCREENING QUESTIONNAIRE

1. Are you related to or acquainted with anybody who was connected with this mass casualty incident?
2. Is there any reason that would exclude you from being permitted into a criminal investigation area?
3. Describe a situation in which you experienced stress and what you did to handle it.
4. Why do you want to work in this setting?
5. Are you currently taking any medications?
6. Have you experienced a traumatic event or loss within the past 12 months?
7. Are you in the process of grieving for any loss (Has there been a recent death in your family or to a friend)?
8. As many work assignment locations might provide exposure to witnessing some very distressing scenes, do you believe that you are able to cope and continue to perform your duties?
9. If assigned, do you agree to seek and accept confidential counseling from a Disaster Mental Health worker, including honest participation in the out-processing debriefing?

Be sure to let workers know that the county wishes to advise them that they will be invited to participate in individual and/or group debriefing activities shortly after the completion of their assignment.

The Disaster Mental Health worker who screens staff should make a recommendation to both the member and the FAC IC or the VRC coordinator of the suitability of the member for assignment to a mass casualty Disaster Response.

Tab G: Volunteer Oath

This Oath is being administered in compliance with Ohio Revised Code Section 5502.34

"I, _____, do solemnly swear that I will support and defend the constitution of the United States and the constitution of the state of Ohio, against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I will obey the orders of the governor of the state of Ohio; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will faithfully discharge the duties upon which I am about to enter.

"And I do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates, the overthrow of the government of the United States or of this state by force or violence; and that during such time as I am engaged in emergency management employment or activities, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or of this state by force or violence."

Signature

Date

Official Giving the Oath

Title

Tab H: Disaster Volunteer Referral Form

Disaster Volunteer Referral

Name of Volunteer _____ Date _____

Referred to (agency) _____ Need # _____

Agency contact name _____ Phone _____

Address of Agency/Site _____

Directions to Site _____

Title/description of volunteer assignment _____

Dates & hours volunteer will work _____

Equipment (Check One)

- Provided**
- Is the responsibility of the volunteer**

Equipment Needed: _____

Food and Water (Check One)

- Provided**
- Is the responsibility of the volunteer**

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

VRC Staff Initials: _____

.....

Tab I: Sample Safety Briefing

Actual Safety Training Instructions will be incident-specific with important information necessary for the event.

SAFETY TRAINING INSTRUCTIONS FOR VOLUNTEERS

1. If you are assigned outside, dress for the weather.
2. Wear work or hiking boots; strong gloves.
3. No inappropriate t-shirts, halter tops, short shorts, etc.
4. Consider a fanny pack for your keys, small amount of money, license/identification and cell phone.
5. Limit the amount of jewelry on your person.
6. You may want to bring a bottle of water.
7. When you take a break, wash your hands thoroughly and carry hand sanitizer.
8. When you arrive at your worksite, you will be warned if there is a possibility of encountering victims.
9. The work you will be doing may cause stress, anxiety, fear or other strong emotions. You are providing a valuable service by volunteering today. Please understand that by helping, we will not be able to undo the effects of this event. We are each just one person. All we can do is help in our own small way to assist victims into the recovery process. Please speak with the assigned mental health workers at your site when you feel the need.
10. Do not feel guilty because you are not able to fix everything. Just work your shift, then go home to rest and eat well. Both will help to relieve the stress.
11. Follow carefully any instructions given to you at your job site.
12. Please attend any debriefing activity provided at your worksite after your shift.