



# Organizing an MRC Unit: Operational Components and the Coordinator's Role

## Medical Reserve Corps Technical Assistance Series

*Produced by the MRC Program  
Technical Assistance Team*

[www.medicalreservecorps.gov](http://www.medicalreservecorps.gov)

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The **Medical Reserve Corps** is a specialized component  
of **Citizen Corps** and the **USA Freedom Corps**.



Office of the Surgeon General  
U.S. Department of Health and Human Services

# Medical Reserve Corps Technical Assistance Series



Produced by the *MRC Program Technical Assistance Team*

Office of the Surgeon General, U.S. Department of Health and Human Services

As part of its effort to support the growth of **Medical Reserve Corps (MRC)** units across the United States, the MRC program office—headquartered in the office of the U.S. Surgeon General—is developing a series of technical assistance booklets. Each one will address a topic considered important for MRC units. As each booklet is completed or updated, it will be available at: [www.medicalreservecorps.gov](http://www.medicalreservecorps.gov). Following are some of the topics covered:

- **Getting Started: A Guide for Local Leaders**

*Every MRC functions differently. The first step in forming a unit is to carefully evaluate your local situation. It is important to secure a broad base of support from others in your community. Identifying and acquiring resources will be essential to meeting your MRC's operational needs.*

- **Organizing an MRC Unit: Operational Components and the Coordinator's Role**

*The coordinator's main job is matching community needs for emergency medical response and public health initiatives with local volunteer capabilities. Establishing and sustaining the unit's internal organization also is a priority.*

- **Coordinating With Your Local Response Partners**

*MRC units supplement a community's existing emergency medical response capabilities and public health infrastructure. Coordinating with local response partners is critical, as is developing and nurturing a broad network of partners. Drilling with response partners will be necessary, as will close communications during and after an actual crisis or engagement.*

- **Developing Volunteer Relationships and Capabilities**

*Developing volunteer capabilities is a key mandate for every MRC unit. The process begins by getting the word out to the community. As volunteers are screened and matched with existing needs, they must be informed of any risks associated with their MRC activities. They also will require additional training.*

- **Establishing and Maintaining Your MRC Unit's Organization**

*A well-run organization is the foundation for every successful MRC unit. Information must be tracked and updated for volunteers and local partners. Policies must be established and followed. Operating funds will have to be solicited, along with leveraged public and private sector resources. Planning—strategically, financially, and operationally—is an essential, ongoing function of the MRC unit's administrators.*

- **Special Topics**

*Some of the more complex aspects of operating an MRC unit are related to differences in local laws and to the evolving technical nature of the MRC's work. For example, legal liability is something every unit member should know about. Other issues pertain to verifying volunteer credentials. Special booklets will be produced to address these and other emerging topics.*



The **Medical Reserve Corps** program is sponsored by the U.S. Surgeon General's Office in cooperation with the White House's **USA Freedom Corps** and the Department of Homeland Security's **Citizen Corps**.





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Produced by the  
MRC Program Technical Assistance Team  
**Office of the Surgeon General**  
U.S. Department of Health and Human Services

**The information in this booklet is intended as a general guide to establishing and operating a Medical Reserve Corps unit. It is not meant to discourage local initiative. For any of the issues addressed in this booklet, we strongly encourage communities to consider alternate approaches that may offer a better fit for their local conditions, resources, and needs. We also welcome learning from those successes.**

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MRC Technical Assistance Series

Organizing an MRC Unit: Operational Components and the Coordinator's Role

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# Organizing an MRC Unit: Operational Components and the Coordinator's Role

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## Organizing an MRC Unit: Operational Components and the Coordinator's Role

### **Key Activities**

The information in this booklet on starting an MRC unit is intended to support the following ongoing efforts:

1. **Keeping in mind all the components of your MRC** so that your planning efforts will cover all the necessary bases.
2. **Understanding the leadership role of the MRC unit's coordinator (or director)**—especially in relation to all the different operational components of your unit.
3. **Visualizing the complete process of utilizing your volunteers—from start to finish**—so that your team can be better prepared and most effective.

## Organizing an MRC Unit: Operational Components and the Coordinator's Role

### **How This Booklet Is Organized**

The information in this booklet is presented so that you can access it in a variety of ways. How you do so depends on how you learn best and what your immediate needs are.

#### **At-a-Glance**

A quick look through the contents will illustrate what we consider to be the main issues for this topic. What we propose by way of action is summarized on the preceding "Key Activities" page.

#### **Sequentially**

Some of us want to know the whole story, whether we read through all the text systematically or simply browse to get a basic sense of it. The material is sequenced so that it follows a logical progression, with each subtopic building on those that came before.

#### **Hitting the Key Points**

You can get the main points by reading only the boxes that highlight the ideas under each subtopic. If you need or want more, read through some of the nearby text.

#### **By Subtopic**

Each subtopic section is designed to stand alone. Look through the contents page in the beginning and find the section that addresses your current concerns.

***Covered in This Booklet*****The Primary  
Operational Components**

External Coordination

Volunteer Relations

Internal Organization

≈

**The Role of the Coordinator  
(or Director)**

≈

**Operational Components  
and the****Incident-Response Cycle**

≈

***Appendix: Resources for  
Addressing Legal Liability*****Introduction**

The success of the Medical Reserve Corps as a national movement rests largely with the energy and dedication of its volunteers. Above all, the MRC is a volunteer-driven initiative, but it is different from many other volunteer efforts. The nature of its work can be highly technical. Close coordination is required between the MRC unit and those organizations that will make use of its local medical and public health volunteers with specialty skills.

Recruiting, training, and retaining those volunteers presents another set of challenges for the MRC unit's leadership. In addition, a great deal of planning and effort will go into developing and sustaining a viable internal organization that will be responsive to local changes.

In this booklet, we take a look at the average MRC unit's overall operations and at its coordination/leadership function. You can also explore, in greater depth, any of the topics covered in this overview by reading the accompanying booklets in the series:

**“Coordinating With Your  
Local Response Partners”****“Developing Volunteer  
Relationships and Capabilities”****“Establishing and Maintaining  
Your MRC Unit's Organization”**

*In the appendix to this booklet, we also offer resources that can begin to help you understand and address the risk of legal liability that may affect your local MRC volunteers and your MRC unit.*



**No two MRC units will be organized the same, but all must address three main operational issues:**

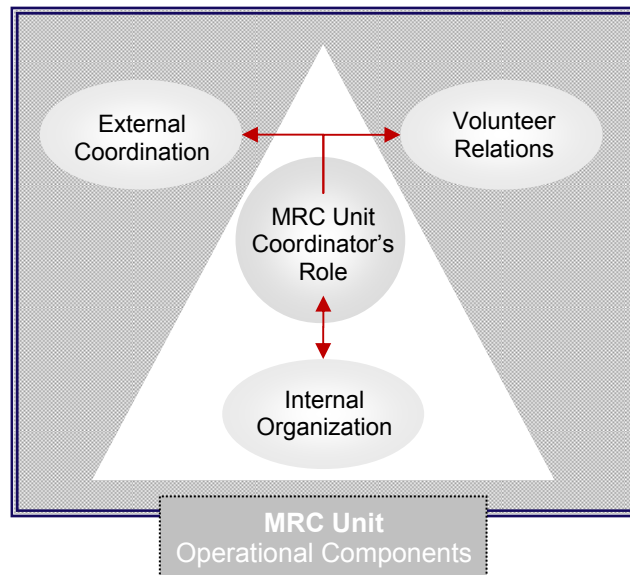
- (1) External Coordination**
- (2) Volunteer Relations**
- (3) Internal Organization**

## The Primary Operational Components

No two MRC units will be organized in exactly the same manner. Your unit's organizational structure will be determined by countless factors, such as existing resources, local health and medical needs, and volunteer availability in your area.

Despite such differences, it can be useful from an operations perspective to think in terms of what is common among MRC units.

For example, every MRC unit will have some kind of coordinating and leadership function, whether it takes the form of an actual coordinator, a leadership team, or an advisory board. And every MRC unit, whatever its actual organizational structure, must strategically address three main operational issues: (1) External Coordination, (2) Volunteer Relations, and (3) Internal Organization.



The MRC unit coordinator's main job is matching community needs—for emergency medical response and public health initiatives—with volunteer capabilities.

By outlining these operational or functional components, we aren't suggesting that you should organize your unit any differently than you may have already. What we are proposing is keeping the bigger picture in mind and paying attention to certain priorities. Each of these operational priorities covers a particular range of activities, though in practice there are many ways of accomplishing them.

For example, the first two operational components listed above—external coordination and volunteer relations—are so critical to the MRC's success that the unit coordinator's main job essentially can be defined as matching

MRC volunteers *supplement* existing public health efforts and emergency medical capabilities in their communities.

Think creatively about all the places in your community that might utilize your volunteers.

community needs for emergency medical response and public health initiatives with volunteer capabilities. It may sound simple enough, but the process of matching is a highly complicated and nuanced activity. It requires continual attention and fine-tuning as local needs evolve, and as the makeup of your volunteer force changes, too.

The third operational component involves establishing and maintaining an internal organization. This internal organization provides the necessary foundation for the other two focal components.

As outlined below, these three components cover almost every activity that an MRC unit coordinator or director will encounter and oversee.

### External Coordination

Medical Reserve Corps volunteers are intended to supplement existing public health efforts and emergency medical capabilities in their communities. No matter what level of sophistication exists in your locality, we use the word “supplement” because the volunteers always add to whatever capacity already exists. Volunteers generally cannot take the place of professionally organized and staffed efforts. But by serving, they can greatly enhance your community’s responsiveness to a variety of public health and emergency medical needs.

The MRC unit coordinator spends a great deal of time and energy seeking out and developing relationships with what we call “response partners.” These response partners are the organizations that already exist in your community—many of which have been formed precisely to address public health needs or medical emergencies. They already have procedures in place, and they have requirements for their paid staff. In this operational area, the MRC unit coordinator’s job is to facilitate the integration of MRC volunteers into those already existing groups.

Developing this network of response partners will not happen all at once. You may begin by contacting the organizations or groups that clearly may be able to use medically trained volunteers.

We encourage every MRC unit to think creatively about all the places in the community that may utilize its volunteers. The possibilities are nearly limitless because the MRC covers both public health needs and emergency situations. Therefore, the range of volunteer skills at the unit’s disposal may be quite extensive. Finding places for those skills, so that volunteers remain satisfyingly engaged, can

#### **“External Coordination” Involves:**

- *Developing a community network of response partners.*
- *Working with response partners to understand risks, resources, and needs.*
- *Communicating during and debriefing after an incident or other utilization of your volunteers.*
- *Identifying activities for volunteers during non-crisis periods.*

take a great deal of ingenuity. But the payoff will always be a stronger, more tightly-knit community.

In the course of working with local response partners, “external coordination” may entail:

- ◆ ***Developing a community network*** that consists of all organizations or groups that can make use of your MRC volunteers. Your network may include partners in your local community, county, state, and region, depending on your range of engagement. You will work with these partners to determine their specific needs for volunteers as well as their training, drilling, and other preparatory requirements. Working closely with your local Citizen Corps Council, if one has been established, also may be invaluable.
- ◆ ***Working with response partners to understand risks, resources, and needs***, as a means of contingency planning and to determine whether there are other ways your volunteers can be of help. This also is a good way to stay in touch with response partners throughout the year, and to stay focused on the purpose for that partnering.
- ◆ ***Communicating during and debriefing after an incident*** is essential to facilitating the transfer of information between your unit's volunteers and response partners, and to learning from what did and did not work during the most recent engagement or crisis. Communicating clearly always improves your unit's responsiveness and effectiveness.
- ◆ ***Identifying activities during non-crisis periods*** allows you to utilize your volunteers in meaningful ways throughout the year, and in some instances may deepen your MRC unit's relationship with its existing partners. Identifying these kinds of activities also can be a way to extend and further develop your community network by involving new partners whose needs may be less crisis-oriented. Taking these extra steps will strengthen your unit and your community by ensuring broad-based participation.

### **“Volunteer Relations” Involves:**

- *Recruiting volunteers.*
- *Interviewing and screening volunteers.*
- *Training and qualifying volunteers.*
- *Retaining volunteers.*
- *Advocating for volunteers.*

## **Volunteer Relations**

In small MRC units, all activities related to volunteers likely will be handled by one person—often by the same person who is handling the external coordination activities and the internal organizational tasks. In larger units, these activities may be spread among several people. Nonetheless, what links them strategically is that they all support the

development of the volunteer corps, which is an important mandate for every MRC unit.

When we talk about the importance of volunteers to the MRC, people sometimes think of traditional community service and goodwill. But the MRC cannot rely on the average citizen who wants to pitch in during times of need. We need highly specialized volunteers with training and commitment who can be relied upon during crises—just as we sometimes rely on trained volunteer firefighters to protect us from unexpected disasters. It is not simply a matter of gathering our specialized medical and health volunteers and sending them off to do their work. Their skill sets must be carefully understood and matched to the variety of needs that will arise in each community. They will have to be trained. They may have to drill in coordination with the MRC unit's other response partners.

In the process of attending to this key component of your MRC unit, keep in mind that “volunteer relations” can involve:

- ◆ **Recruiting volunteers** by getting the word out in your local community, letting prospects know about your unit, or informing them of the kinds of skills that the community needs. (Every public relations or public awareness opportunity—even if intended for other community constituencies—is an opportunity to reach out to volunteers.)
- ◆ **Interviewing and screening volunteers** to ensure that you have a full understanding of their skills and credentials, and that they understand the facts and risks associated with working as a Medical Reserve Corps volunteer in your community. (*See the appendix to this booklet for resources that can help you begin to address any legal risks that may affect your MRC volunteers or your unit as a whole.*)
- ◆ **Training and qualifying volunteers** so they have the skills and information they need to be effective when working with your local response partners—whether in emergency medicine or in public health.
- ◆ **Retaining volunteers** who may need to be debriefed following utilization—especially if the engagement or crisis was traumatic; who may need to be given activities between such engagements to stay connected to the unit; or who may need to be recognized in some way for their contributions.
- ◆ **Advocating for volunteers** by taking a proactive stance in your community, county, or state concerning increased legal and disability protection for volunteers who assume considerable risk in giving their time and expertise to the community. Other advocacy issues also may arise.

### **"Internal Organization" Involves:**

- *Tracking and updating information.*
- *Clarifying policies and strategic priorities.*
- *Working toward long-term sustainability.*

## **Internal Organization**

Substantial organizational resources will be devoted to volunteer relations and external coordination, but it is equally important to maintain a viable internal organization for your MRC unit. A number of ongoing administrative tasks will be required to serve both volunteers and response partners adequately. A healthy, well-run organization is the foundation of every successful MRC unit.

The following are "internal organization" activities that have particular relevance for MRC units:

- ◆ ***Tracking and updating information*** related to volunteers, local contacts and partners, and specific crises or engagements will be critical for a number of reasons. Volunteer records, especially, will allow you to keep credentialing information up-to-date. They also will allow you to track volunteer activities when soliciting operating funds and when communicating success to your larger community. Volunteer information that is current and accurate also will prove essential for distributing identification cards and other necessary information during a crisis or engagement.
- ◆ ***Clarifying policies and strategic priorities*** will prove necessary given the complexity of MRC unit activities. The unit's volunteers likely will find themselves in a number of difficult situations, and it is important, whenever possible, to define and communicate policies related to use of MRC identification cards, crisis communications, and incident reports and debriefing. Your unit also will be operating in a community context that is evolving continually, so steering through the complexity will require a clear sense of strategic priorities. Planning likely will be an ongoing part of your unit's operations, not something done once a year.
- ◆ ***Working toward long-term sustainability*** is an administrative activity that involves a special kind of networking, though not with the objective of directly facilitating volunteer utilization. Rather, these additional networking responsibilities may involve writing grants and other solicitations of funds, keeping local officials apprised of your unit's work, and so on. In these ways, the unit's coordinator or director will function as an ambassador to strengthen the unit's foundational administrative structure. Meeting and office space may need to be secured, if not through funds, then through in-kind donations. Additional staff also may be needed. As always, the emphasis will be on asking others to support the highly complex work of utilizing medical and health volunteers in a coordinated fashion.



*Leadership in any organization is a function that may be shared by multiple individuals.*

*Leadership always guides the organization's mission in a particular strategic direction.*

#### MANAGEMENT STRUCTURE

A local Medical Reserve Corps unit should have a core leadership and management structure to function effectively. The following are possible core capabilities that might be useful for an MRC unit, whether handled by one or several individuals who volunteer their time:

- Director (or Coordinator)
- Supervisory Physician
- Supervisory Nurse
- Supervisory Pharmacist
- Public Health Advisor
- Mental Health Advisor
- Deputy (or Assistant) Director/Coordinator
- Business Manager
- Supply and Logistics Manager
- Communications Director
- Volunteer Recruiter/Coordinator
- Training Director
- Chaplain Coordinator
- Legal Counsel
- Financial Counselor

## The Role of the Coordinator (or Director)

As in most organizations, the leadership function of an MRC unit is closely aligned with the function or mission of the organization itself. In the case of an MRC unit, the primary mission is to facilitate maximum utilization of medical and health volunteers in the community. The unit leader's first job, therefore, is to keep that mission always in mind and to make sure that all organizational activities support it.

When a unit's organization or staff is small, the coordinator or director will be involved closely with the daily operations of all three operational components: external coordination, volunteer relations, and internal organization. As the unit's administrative staff grows, different individuals may take responsibility for the separate functional areas. The unit leader must remain in touch with those areas, however, and will provide strategic guidance to help them work together collaboratively. It is important that everyone keep track of how her or his critical role supports the overall mission of the MRC unit.

Although the staff of an actual MRC unit likely will differ from what is described in this booklet, we describe the unit coordinator's role in terms of particular responsibilities to stimulate thinking and better planning. At the same time, we encourage creative solutions to these common organizational challenges.

For example, we indicate that the unit coordinator will need to:

- a) Formulate a business plan with objectives, action steps, a timeline, and resources needed to achieve the plan;
- b) Apply for and manage grants to secure additional funding;
- c) Tackle political, jurisdictional, and intergovernmental agency issues;
- d) Link community resources and needs;
- e) Attract volunteers (which often means first obtaining buy-in from organizations or groups from which those volunteers will be drawn);
- f) Document unit achievements and write reports, as needed—especially to keep public officials apprised of all MRC activities;
- g) Draw upon multiple resources; and

Different people bring different strengths to their roles as leaders.

Understand what you do well, learn what you need to improve, and bring in others to bridge the gaps.

**Remember, there is no single leadership and management model for every Medical Reserve Corps unit.**

The organization and size of your unit will depend on a variety of factors, including: (a) your community's size, (b) the number of volunteers, (c) your community's identified vulnerabilities, and (d) your community's health needs and priorities.

- h) Mentor others wanting to make a contribution to the MRC.

Although these may describe the actual, daily work of coordinators in small MRC units, these same activities may be distributed among several individuals working as a team in larger units.

One key leadership role during utilization of volunteers—especially during a crisis or other emergency—is that of the central communications coordinator, or what is sometimes called the “communications officer.” This individual will have responsibility for relaying information to volunteers in the event of an engagement of any kind, and of collecting information in the field that may be needed by other response partners. Again, the MRC coordinator may not actually perform this job, but it is important to plan for this leadership function by staffing a qualified person operating in cooperation with your other response partners.

Keep in mind that different people bring different strengths to their roles as coordinators and directors. Some naturally will be oriented toward inspiring and recruiting volunteers; others will be more adept at organizing logistical or financial details. It is important to recognize such strengths, as well as areas that are in need of improvement. To help balance the overall mix of talent needed to run an MRC unit, additional staff or even volunteer board members or advisors may be brought on to supplement the coordinator's or director's skill sets.

The suggestions in this booklet can be considered action items that can be accomplished in any number of ways. When we talk about the coordinator's role, it may refer, in your case, to the actual administrative leader of the MRC unit, or it may refer to an individual who has been brought on board to coordinate a particular task. Our suggestions are meant to help you organize the substantial complexity that MRC units face in achieving their mission.

As always, we are interested to hear which suggestions you find helpful, and which ones are not clear. We also welcome solutions you have developed for some of the problems and challenges we identify here. We may ask permission to include these suggestions in future publications that support community efforts to utilize medical and public health volunteers.

*The utilization of MRC volunteers follows a cyclical process.*

*Keep track of where you are in that cycle and allow your priorities to adjust accordingly.*

## **Operational Components and the Incident-Response Cycle**

For the sake of this discussion, we've separated the operational or functional components of the MRC unit into three areas, as if they were completely separate tracks. In practice, of course, they are all running simultaneously and interdependently.

At any given time, the mix of these organizational activities also is determined by the MRC unit's place in the incident-response cycle. That is, the unit should think of its activities as occurring prior to an engagement or crisis, during that engagement or crisis, and afterward, for what is a critical period of debriefing and recovery. The utilization of MRC volunteers therefore follows a cyclical process.

In the chart on the following page, the MRC unit's operational components—and the coordinator's changing role—have been segmented according to where those activities fall relative to the engagements and crises MRC volunteers are intended to relieve.



**The Coordinator’s Changing Role**  
Relative to the Primary Operational Components

| <b>Coordinator’s Role</b>   | <b>PRE-Engagement/Crisis Activities</b>  | <b>TRANS-Engagement/Crisis Activities</b>   | <b>POST-Engagement/Crisis Activities</b>  |
|---|--|---|---|
| <p>1. To work collaboratively with response partners to ensure proper coordination of volunteer contributions</p> <p align="center">External Coordination</p> | <ul style="list-style-type: none"> <li>• Mapping the system and contacting all the players</li> <li>• Conducting risk assessments with response partners</li> <li>• Planning jointly for training and utilization; defining roles and procedures</li> <li>• Drilling volunteers in accordance with roles and procedures</li> </ul>   | <ul style="list-style-type: none"> <li>• Supporting primary response coordinator(s)</li> <li>• Verifying volunteer credentials and qualifications</li> <li>• Relaying information between response coordinator(s) and volunteers</li> </ul> | <ul style="list-style-type: none"> <li>• Debriefing with response coordinator(s)</li> <li>• Identifying possible public health issues</li> <li>• Identifying non-crisis activities</li> </ul> |
| <p>2. To allow volunteers to make the best use of their skills</p> <p align="center">Volunteer Relations</p>  | <ul style="list-style-type: none"> <li>• Recruiting, public relations, and public awareness</li> <li>• Interviewing and screening</li> <li>• Training, drilling, and qualifying</li> <li>• Retaining</li> <li>• Advocating for volunteers</li> </ul>   | <ul style="list-style-type: none"> <li>• Contacting volunteers</li> <li>• Keeping volunteers apprised of situation</li> </ul>   | <ul style="list-style-type: none"> <li>• Debriefing</li> <li>• Providing follow-up support</li> <li>• Recognizing</li> <li>• Engaging in non-crisis activities</li> </ul>                     |
| <p>3. To secure funds, resources, and infrastructure necessary to achieving primary objective</p> <p align="center">Internal Organization</p>                 | <ul style="list-style-type: none"> <li>• Tracking volunteer, local contacts, and other information</li> <li>• Clarifying policies and strategic priorities</li> <li>• Writing grants and leveraging public and private resources</li> <li>• Keeping local officials abreast of activities</li> <li>• Identifying needs and resources (equipment, supplies, communications, etc.)</li> <li>• Managing other administrative functions</li> </ul> | <ul style="list-style-type: none"> <li>• <i>[Internal organizational activities may be put on hold depending on nature of engagement or crisis]</i></li> </ul>  | <ul style="list-style-type: none"> <li>• Organizing and summarizing all engagement-specific information</li> <li>• Communicating successes</li> </ul>   |

## Appendix: Resources for Addressing Legal Liability

Legal liability is a reasonable concern for many MRC units. All volunteer organizations want to protect their volunteers and organizations from being sued for negligent behavior that leads to unintended harm. Liability also is a highly complex area of the law, compounded by innumerable differences at the local level. The MRC program office offers the following guidelines to help you get the information you need about liability risks in your area.

### Liability Overview

Understanding and interpreting liability is based on individual cases and on varied interpretations of the statutes in specific states. Because the rules and laws vary so widely, it is not possible for the MRC program office to give information that would apply to all 50 states and to all jurisdictions within those states. Even within a specific jurisdiction, and given a specific set of facts, no one can predict with certainty whether a liability suit will succeed.

However, there are steps you can take to reduce the risk of harm. A good place to start is by raising the issue with your local response partners, many of whom already may be familiar with the laws and regulations governing your MRC volunteers' likely activities. Eventually, it also will be important to contact a local attorney who is knowledgeable about these issues and who will help you understand your particular challenges or protections. Your MRC unit may be able to find an attorney who will volunteer her or his time to counsel you. Even if you have to pay legal fees, your MRC will benefit greatly from consulting a competent attorney. Doing so will not cause your liability concerns to go away, but a frank discussion will help you craft your unit policies and procedures to minimize the liability risk for your volunteers and for your unit.

### Contacting Your State Office of Volunteerism

Each state has an office of volunteerism. Most of these offices are affiliated in some way with the state government. Your state's office may be able to provide information about your state's liability rules. Some states offer greater protection to medical volunteers than others. Because many rules are interpreted locally, it is critical that all MRC coordinators consult an attorney who is well informed about local liability laws and trends. Your state office of volunteerism may be able to point you toward a directory of qualified attorneys in your area, or you can ask your community partners for references. At the end of this Appendix, we have provided contact information for each state's office of volunteerism.

Once the MRC coordinator is clear about the issues, risks, and guidelines for volunteer activities, she or he must make sure that each volunteer understands any liability risks involved with volunteering for the MRC.

Educate yourself about the liability issues in your area. It will be one of the most important things you can do for the long-term sustainability of your unit. Use every local resource at hand to support your decision-making in this area.

### MRC Community Examples

Several states already have begun to modify their liability statutes in order to better protect the efforts of local volunteers. Following are a few examples of the protections now offered:

- ❖ An existing statute was modified in the Connecticut state legislature in August 2003. It now offers MRC volunteers eligibility for death, disability, or injury benefits and immunity from liability while volunteers are engaged in training or civil preparedness duty. (C.G.S.A. § 28-1)
- ❖ In Florida, volunteers who work through state agencies (which sometimes house MRC units) while volunteering receive limited sovereign immunity and worker's compensation for medical costs incurred during an official event. (Statute 768.28 and Chapter 110, F.S.)
- ❖ A new statute took effect in Oregon in 2003 authorizing the state's Department of Health and Human Services to establish a registry of emergency health care providers for the purpose of providing services during emergencies. Registered health care providers, including MRC volunteers who are on the state registry, are considered agents of the state and receive limited immunity when they are participating in authorized training or when the Governor declares a state of emergency. (HB 2410)

To learn more about what is happening in these and other localities, contact either that state's office of volunteerism or the coordinator of one of its local MRC units. We all have a great deal to learn from one another as we tackle this complex issue at the local level.

## State Offices of Volunteerism

### **Alabama Governor's Office on National and Community Service**

Phone: (334) 242-7110

Web site: [www.goncs.state.al.us](http://www.goncs.state.al.us)

### **Alaska State Community Service Commission**

Phone: (907) 269-4637

Web site: [www.dced.state.ak.us/ascsc/home.htm](http://www.dced.state.ak.us/ascsc/home.htm)

### **Arizona Governor's Commission on Service and Volunteerism**

Phone: (602) 542-3489

Web site: [www.volunteerarizona.org](http://www.volunteerarizona.org)

### **Arkansas Commission on National and Community Service**

Phone: (501) 682-7540

Web site:

[www.state.ar.us/dhs/adov/ns\\_programs.html](http://www.state.ar.us/dhs/adov/ns_programs.html)

### **California GO SERV/The Governor's Office on Service and Volunteerism**

Phone: (916) 323-7646

Web site: [www.goserv.ca.gov](http://www.goserv.ca.gov)

### **Colorado Governor's Commission on Community Service**

Phone: (303) 595-1541

Web site: [www.gcncs.cccs.edu](http://www.gcncs.cccs.edu)

### **Connecticut Commission on National and Community Service**

Phone: (860) 947-1827

Web site: [www.ctdhe.org/ccncs](http://www.ctdhe.org/ccncs)

### **District of Columbia Commission on National and Community Service**

Phone: (202) 727-7925

Web site: [www.cnccs.dc.gov](http://www.cnccs.dc.gov)

### **Delaware Community Service Commission**

Phone: (302) 255-9883

Web site: *No site currently available*

### **Volunteer Florida**

Phone: (850) 921-5172

Web site: [www.volunteerflorida.org](http://www.volunteerflorida.org)

### **Georgia Commission for Service and Volunteerism**

Phone: (404) 327-6843

Web site: *No site currently available*

### **Hawai'i Commission on National and Community Service**

Phone: (808) 956-8145

Web site: [www.hawaii.edu/americorpshawaii](http://www.hawaii.edu/americorpshawaii)

### **Serve Idaho/Governor's Commission on Service and Volunteerism**

Phone: (208) 658-2063 or (800) 588-3334

Web site: [www.serveidaho.org](http://www.serveidaho.org)

### **Illinois Commission on Volunteerism and Community Service**

Phone: (217) 782-5945

Web site: [www.illinois.gov/volunteer](http://www.illinois.gov/volunteer)

**Indiana Commission on Community Service and Volunteerism**

Phone: (317) 233-4273

Web site: [www.in.gov/iccsv](http://www.in.gov/iccsv)**Iowa Commission on Volunteer Service**

Phone: (515) 242-4799 or (800) 308-5987

Web site: [www.volunteeriowa.org](http://www.volunteeriowa.org)**Kansas Volunteer Commission**

Phone: (785) 368-6207

Web site: [www.kanserve.org](http://www.kanserve.org)**Kentucky Commission on Community Volunteerism and Service**

Phone: (502) 564-7420 or (800) 239-7404

Web site: <http://volunteerky.state.ky.us>**Louisiana Serve Commission**

Phone: (225) 342-2038

Web site: [www.crt.state.la.us/laserve](http://www.crt.state.la.us/laserve)**Maine Commission for Community Service**

Phone: (207) 287-5313

Web site: [www.maine.gov/communityservice](http://www.maine.gov/communityservice)**Maryland Governor's Office on Service and Volunteerism**

Phone: (410) 767-1216 or (800) 321-VOLS

Web site: [www.gosv.state.md.us](http://www.gosv.state.md.us)**Massachusetts Service Alliance**

Phone: (617) 542-2544

Web site: [www.msalliance.org](http://www.msalliance.org)**Michigan Community Service Commission**

Phone: (517) 335-4295

Web site: [www.michigan.gov/mcsc](http://www.michigan.gov/mcsc)**Serve Minnesota!**

Phone: (612) 333-7740

Web site: [www.serveminnesota.org](http://www.serveminnesota.org)**Mississippi Commission for Volunteer Service**

Phone: (601) 432-6779 or (888) 353-1793

Web site: [www.mcvsv.org](http://www.mcvsv.org)**Missouri Community Service Commission**

Phone: (573) 751-7488 or (877) 210-7611

Web site: [www.movolunteers.org](http://www.movolunteers.org)**Montana Commission on Community Service**

Phone: (406) 444-5547

Web site: [www.discoveringmontana.com/mcsn/css/about.asp](http://www.discoveringmontana.com/mcsn/css/about.asp)**Nebraska Volunteer Service Commission**

Phone: (402) 471-6225 or (800) 291-8911

Web site: [www.nol.org/home/NVSC](http://www.nol.org/home/NVSC)**Nevada Commission for National and Community Service**

Phone: (775) 423-1461 or (888) 338-9759

Web site: [www.americorpsnevada.org](http://www.americorpsnevada.org)**Volunteer NH!**

Phone: (603) 271-7200 or (800) 780-8050

Web site: [www.volunteernh.org](http://www.volunteernh.org)**New Jersey Commission on National and Community Service**

Phone: (609) 633-9627

Web site: [www.state.nj.us/njded/amicorps](http://www.state.nj.us/njded/amicorps)**New Mexico Commission for Community Volunteerism**

Phone: (505) 841-4837

Web site: [www.newmexserve.org](http://www.newmexserve.org)**New York State Commission on National and Community Service**

Phone: (518) 473-8882

Web site: [www.nyscnscs.org](http://www.nyscnscs.org)**North Carolina Commission on Volunteerism and Community Service**

Phone: (919) 715-3470 or (800) 820-4483

Web site: [www.volunteernc.org](http://www.volunteernc.org)**North Dakota Workforce Development Council - State Commission on National and Community Service**

Phone: (701) 328-5345

Web site: [www.ndcommerce.com](http://www.ndcommerce.com)**Ohio Community Service Council**

Phone: (614) 728-2916

Web site: [www.serveohio.org](http://www.serveohio.org)**Oklahoma Community Service Commission**

Phone: (405) 235-7278

Web site: [www.okamericorps.com](http://www.okamericorps.com)**Oregon Commission for Voluntary Action and Service**

Phone: (503) 725-5903 or (888) 353-4483

Web site:

[www.nwrel.org/ecc/amicorps/states/oregon](http://www.nwrel.org/ecc/amicorps/states/oregon)**PennSERVE: The Governor's Office of Citizen Service**

Phone: (717) 787-1971

Web site:

[www.dli.state.pa.us/landi/cwp/view.asp?a=143&Q=59048](http://www.dli.state.pa.us/landi/cwp/view.asp?a=143&Q=59048)

**Puerto Rico State Commission on Community Service**

Phone: (787) 759-8910, Ext. 229

Web site: *No site currently available***Rhode Island Service Alliance**

Phone: (401) 331-2298, Ext. 15

Web site: [www.riservicealliance.org](http://www.riservicealliance.org) (site under construction)**South Carolina Commission on National and Community Service**

Phone: (803) 734-4796 or (877) 349-2258

Web site: <http://myschools.com/servicesc>**South Dakota**

At this time, there is no commission on service in South Dakota. You may get help from the SD/ND local office of the Corporation for National and Community Service. Contact information can be found at:

[www.nationalservice.org/about/family/state\\_offices.html](http://www.nationalservice.org/about/family/state_offices.html).

**Tennessee Commission on National and Community Service**

Phone: (615) 532-9416 or (888) 509-8878

Web site: [www.state.tn.us/finance/rds/tcnscs.html](http://www.state.tn.us/finance/rds/tcnscs.html)**Texas Commission on Volunteerism and Community Service**

Phone: (512) 463-1814 or (800) 489-2627

Web site: [www.txserve.org](http://www.txserve.org)**Utah Commission on Volunteers**

Phone: (801) 764-0704 or (888) 755-UTAH

Web site: <http://volunteers.utah.org>**Vermont Commission on National and Community Service**

Phone: (802) 828-4982

Web site: [www.state.vt.us/cnsc](http://www.state.vt.us/cnsc)**Virginia Commission for National and Community Service**

Phone: (804) 726-7064 or (800) 638-3839

Web site: [www.vaservice.org](http://www.vaservice.org)**Washington Commission on National and Community Service**

Phone: (360) 902-0656

Web site: [www.ofm.wa.gov/servewa](http://www.ofm.wa.gov/servewa)**West Virginia Commission for National and Community Service**

Phone: (304) 558-0111 or (800) WV-HELPS

Web site: [www.connectwv.org](http://www.connectwv.org)**Wisconsin National and Community Service Board**

Phone: (608) 261-6716 or (800) 620-8307

Web site: [www.wisconsinserve.org](http://www.wisconsinserve.org)**Wyoming Commission on National and Community Service**

Phone: (307) 777-5396

Web site:

[dwsweb.state.wy.us/community/commission.asp](http://dwsweb.state.wy.us/community/commission.asp)