



Developing Volunteer Relationships and Capabilities

Medical Reserve Corps Technical Assistance Series

*Produced by the MRC Program
Technical Assistance Team*

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. 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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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
Developing Volunteer Relationships and Capabilities

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Office of the Surgeon General • U.S. Department of Health and Human Services
5600 Fishers Lane, Room 18-66 • Rockville, MD 20857
(301) 443-4951 • (301) 480-1163 [Fax] • MRCcontact@osophs.dhhs.gov

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Developing Volunteer Relationships and Capabilities

Key Activities

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

1. **Getting the word out and keeping the word out** so that prospective volunteers know what your MRC does, what you need, and how to contact you.
2. **Establishing and maintaining clear and honest communication with every volunteer**, from the first interview, through the screening process, and in every training, drilling, deployment, and debriefing activity that follows.
3. **Giving your volunteers what they need to be effective**, whether that means supporting their need for satisfaction in work, providing additional training, offering clear guidelines for activation, checking on their well-being following utilization, recognizing their efforts, or demonstrating your commitment to them through public advocacy on their behalf.
4. **Recognizing your volunteers as the MRC's most critical resource**, which means keeping them always in mind and heart as you plan for your MRC's future.

Developing Volunteer Relationships and Capabilities

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.

Focused on Action

Since you may need to hit the ground running, each subtopic in this booklet features a list of suggested action steps. You can go directly to the subtopic that most immediately addresses your concerns, or you can work through the whole “Action Steps Checklist” featured in the back of this booklet.

Covered in This Booklet

Recruiting Volunteers
 ≈
**Interviewing and Screening
 Prospective Volunteers**
 ≈
**Training and
 Qualifying Volunteers**
 ≈
Retaining Volunteers

Introduction

The success of the Medical Reserve Corps (MRC) as a national movement rests largely with the energy and dedication of its volunteers. The MRC is, above all, a volunteer-driven initiative.

But the Medical Reserve Corps is different from other volunteer-intensive 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 medical and public health volunteers with specialty skills.

In small MRC units, all activities related to volunteers will likely be handled by one person, perhaps by the same person who is also handling the external coordination activities and the internal organizational tasks. In larger units, these activities may be spread among several people. In any case, these activities all have the same strategic goal, which is to support the development of the volunteer corps—an essential 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 by and large the MRC cannot rely on the average citizen who wants to pitch in at times of need. We need highly specialized volunteers, people with training and commitment, people who can be relied upon during crises—just as some of our communities rely on professionally trained volunteer firefighters to respond to unexpected disasters. Nor is it a matter of just gathering our specialized medical and health volunteers and sending them off to do their work. Their skills sets must be carefully understood and matched to the variety of needs that will arise in each community. They will likely require additional training. They may need to drill in coordination with the MRC unit's other response partners.

Volunteer medical and other health volunteers are arguably the most important part of any Medical Reserve Corps unit. Managing volunteer relationships is a key function of the unit director or designated volunteer coordinator. It starts from the moment an appeal is put out to new volunteers. It progresses from initial contact through to the variety of activities planned for volunteers. Not only is it important to structure every volunteer's experience so that it will be the best possible, but the success of the MRC itself relies on properly recognizing and retaining those volunteers.

**Recognize your
 volunteers
 as the MRC's
 most critical resource.**

**Keep them always
 in mind and heart as
 you plan for your
 MRC's future.**

Optimizing the Volunteer's Experience: Action Steps

- Consider the volunteer's entire experience—from first contact to retiring from service with the MRC.
 - ⇒ What can you do to make every step as positive as possible for that volunteer?
 - ⇒ At what points along the way will you need help?

Optimizing the Volunteer's Experience

Every volunteer joining your MRC unit will go through more or less the same series of steps, from preliminary introduction and screening, through orientation and training, and ideally moving toward utilization and renewed commitment. This is a continual cycle, and one in which your efforts and knowledge will be continually refined. Effective communication will build on the foundations of earlier interactions; training and drilling can be directed toward skills refinement; and utilization will proceed much more smoothly. You'll also have a better sense of what kind of debriefing and recognition will be effective.

When you think about making the volunteer's full experience as positive as possible, it can seem like a big task. One way to simplify the many factors affecting that experience is to picture those factors as part of a process. Each follows in a sequence that builds on what came before. To some extent each will be revisited as the volunteer becomes more integral to your MRC team. The following diagram illustrates that process:



Planning Your Approach: Action Step

- With the big picture in mind, be thinking and implementing one step ahead of your volunteers. Be prepared when they're ready to take the next step.

Planning Your Approach

You don't have to have it all figured out before you bring in volunteers. It does help to think one step ahead in order to anticipate what will come next. Be ready when they're ready to take their next steps. For example, you might first make a rough plan for outreach to prospective volunteers, at the same time that you start organizing materials for the interviewing and screening process. Likewise, in preparation for interviewing, you'll want to think ahead to possible training activities for volunteers.

**Get the word out—
and keep it
out there—
in any way you can.**

Who Can Volunteer for the MRC? Action Steps

- *Consider the type of work your MRC will be doing. What kinds of volunteers will you need to accomplish it?*
- *Consider the makeup of medical and public health professionals in your community. How can you maximize that resource?*
- *Look at the diverse communities that make up your local area. Consider recruiting volunteers from those communities to strengthen your MRC's connections and effectiveness.*
- *When prospective volunteer recruits ask you, "Why should I volunteer?" have some ready answers.*
- *Be patient and persistent. Sometimes people need to hear your message several times before it sinks in.*

Recruiting Volunteers

Volunteers are at the very heart of the Medical Reserve Corps. The very existence of this nationwide, community-based movement is due to the willingness of volunteer medical and public health professionals to serve their communities in times of need. Without that generous offer of service, there would be no MRC.

Identifying and recruiting volunteers is therefore one of the most essential tasks of the MRC unit. It starts with getting the word out to your community, in every way imaginable.

Who Can Volunteer for the MRC?

Since the MRC focuses primarily on medical and public health-related activities, many of those activities will need to be carried out by trained medical and public health volunteers. At the same time, in order to properly carry out those activities, the MRC also needs volunteers with other skills. These may consist of administrative and other support volunteers who give their time on an ongoing basis, along with other experts willing to donate their time and knowledge for special aspects of the effort. (Examples of these different types of volunteers are provided in the box on the next page.)

To simplify the extensive range of volunteers capable of making a contribution to the MRC, we have grouped the volunteer types into three areas. The first group, front-line medical and public health volunteers, are those whose primary contributions will be their knowledge and training in medicine or public health. The term "front line" refers to offering direct care in times of need; it also refers to the overall medical and public health focus of the MRC's activities. Other volunteers also will be needed to work behind the scenes to support the front-line medical and public health workers; these comprise the second category of volunteers. Finally, it may also be necessary to solicit the contributions of specialty experts to accomplish time-limited tasks as those arise. For instance, legal counsel may be required to work out liability protection policies, or a public relations consultant may be needed to help plan an outreach campaign. Some individuals who would otherwise be too busy to volunteer regularly will gladly give time for such time-limited purposes.

In practice, of course, every community will have a different pool of volunteers to draw from, and every community will need somewhat different skills sets, depending on the activities planned for its local MRC unit. Some volunteers, regardless of professional background,

Possible Types of MRC Volunteers

“Front-Line” Medical and Public Health Volunteers

- Physicians (including surgeons, medical specialists, osteopaths)
- Physician Assistants
- Nurses (nurse practitioners, registered nurses, licensed practical nurses, nursing assistants)
- Pharmacists
- Dentists
- Dental Assistants
- Optometrists
- Veterinarians
- Emergency Medical Technicians
- Public Health Workers
- Epidemiologists
- Infectious Disease Specialists
- Toxicologists
- Mental Health Practitioners (psychologists, substance abuse counselors, social workers)
- Health Educators/Communicators
- Other Medical and Public Health Professionals

Ongoing “Behind the Scenes” Administrative and Other Support Volunteers

- Administrators and Business Managers
- Administrative Assistants and Office Support Staff
- Drivers
- Chaplains
- Training Directors
- Trainers
- Volunteer Coordinators
- Fundraising Professionals
- Supply and Logistics Managers
- Interpreters/Translators
- Amateur Radio Operators
- Other Support Personnel

As-Needed Volunteer Experts

- Legal Counsel
- Financial Counsel
- Public Relations Consultants
- Medical Supply Experts
- Credentialing Experts
- Public Health Advisors
- Database and Information Technology Experts
- Other Specialists

COMMUNITY PRACTICES

Some MRC units are tapping into community relations for their Hispanic/Latino or other ethnic populations, organizations that know the cultural differences well. They then work with the MRC to involve and address the needs of those communities.

may have experience working with or living within areas of your community that might differ culturally, socioeconomically, or in terms of their medical or physical needs or characteristics. Including representatives from these different community areas can offer insight into different kinds of community needs and into possible ways to meet those needs.

As you go through the recruitment process in your community, you almost certainly will be asked, “*Why should I do this?*” And there might be any number of ways you can answer that. Still, it can help to think about your answers ahead of time.

For example, you might consider asking the volunteer: “*Are you the type of person who steps up to the plate to assist when you see a need? If so, it's important to do it responsibly. In a disaster, for instance, you may know that you will do what you can, like those who wanted to go to New York City and the Pentagon to help, like those who wanted to offer counseling after the Challenger disaster, or who consider answering a call to drive hospital workers through snow storm conditions to get them to work. Maybe you've even tried in the past to get involved, perhaps with success or perhaps only to discover that authorities couldn't use your skills because you weren't part of the response team. If this is true for you, we'd ask you to take the next step, to be ready next time, by becoming integrated into the system before disaster strikes or before some other public health issue emerges. Learn about the emergency medical and public health response systems already in place. Become part of our MRC so you can offer your best help if called upon.*”

The MRC is one of the more complex volunteer initiatives ever undertaken in our country. So it can take time to explain what the MRC is all about—to volunteers and potential partners alike. It can take time to share its vision for supporting our communities with the contributions of medical and health volunteers. Be patient. But most importantly, be persistent. Sometimes people need to hear the message several times before it sinks in.

“Why Should I Volunteer?”

People volunteer for many reasons. You’ll want to understand and appeal to those reasons. Some things to mention about volunteering for the MRC:

- It’s a way to offer your skills at those times when, in the past, you had to stand by because you weren’t adequately prepared to be part of the response effort.
- It’s a significant benefit to your community because skilled volunteers offer services throughout the year to augment existing public health efforts or provide emergency backup that would not otherwise be available.
- It’s a chance to belong to a group with a strong sense of mission and purpose.
- Volunteers sometimes qualify for special incentives (such as free training).

Possible Recruitment Strategies

- Letters of introduction to various health fields (practicing or retired)
- Referrals from other volunteer centers
- Media attention given to drilling exercises with response partners
- Face-to-face approaches
- Presentations to professional organizations and schools
- Professional newsletters and journals
- Brochures
- Word-of-mouth through existing networks
- Coordinated recruitment with other partners (e.g., Citizen Corps, CERT)
- Press releases
- Offering license renewal option to retired volunteers
- MRC booths or tables at fairs

When recruiting volunteers for the MRC, it is also important to remember that United States citizenship is not required. Non-citizens who live in the United States legally are also encouraged to volunteer and contribute their time, knowledge, and skills to protect and improve the communities in which they live.

Getting the Word Out: Public Awareness and Public Relations

Outreach to volunteers overlaps to a great extent with public awareness campaigns and other public relations efforts. Even when your public message may be intended to generate buy-in from other constituents in your community, every public communication made on behalf of your MRC unit is also an opportunity to attract future volunteers. The importance of volunteers should remain central to all MRC unit communications.

Your public communications strategy will differ based on local resources and needs.

Nonetheless, there are some standard options to pursue:

1. Find local media (newspapers, radio, television, Web sites, etc.) willing to give you free or low-cost print space or air time. You may also find a local public relations firm willing to donate time to helping you determine what are the most effective and efficient ways to disseminate information in your specific community.
2. Identify and contact local corporations or organizations—hospitals, emergency management departments, government health offices, even businesses—that might sponsor your message in exchange for a media mention.
3. Seek out opportunities to give talks at local conferences, professional meetings, organizational gatherings, medically related benefits, and special events.
4. Establish ties with local elected officials by keeping them informed of MRC activities and by finding out how the MRC can support their objectives. You can then encourage them to mention the MRC in

Getting the Word Out – Public Awareness and Public Relations: Action Steps

- *Remember, every public communication on behalf of your MRC is always an opportunity to attract future volunteers.*
- *Find local media willing to give free air time or ad space.*
- *Ask local businesses and organizations to sponsor your message.*
- *Give talks everywhere you can: local conferences, professional meetings, organizational gatherings, etc.*
- *Establish ties with local elected officials. Ask them to mention the MRC in their speeches and other public appearances.*
- *Sell your message to recognized leaders of the volunteer groups you'd like to target.*
- *Diversify your message to reach different groups.*
- *Brainstorm strategies for recruitment with everyone who might be of help. There are hundreds of good ideas out there. You'll have some to offer others, too.*

COMMUNITY PRACTICES

Some communities, especially in larger metropolitan areas, have populations speaking hundreds of different languages. MRC volunteers often reflect that diversity in order to be responsive to cultural differences. Some MRC units partner with groups such as Asian, African American, or Hispanic/Latino health coalitions. Insuring diversity in the MRC helps overcome language and cultural barriers that might impede the effectiveness of emergency or public health responses.

their speeches and at other public appearances as a way to bring attention to the MRC.

5. Sell your message to the recognized leaders of the volunteer groups you'd like to target (i.e., if nurses, the president of their local association; if medical students, a respected faculty member or student representative; if veterinarians, the head of their local professional group).

Some of your public messages will describe your MRC unit in general terms and will be suitable for the general public. Other messages may be more targeted, based on your assessment of local needs for medical and other public health volunteers. You may want to reach certain individuals with certain skills—for example, doctors with particular specialties, nurses, pharmacists, dentists, veterinarians, chiropractors, other public health professionals, support staff, students, practicing professionals, or retired professionals. Craft your appeal differently for different types of volunteers. Find out how best to reach those individuals, in terms of the type of media to use and the particular channels to choose.

Creating public awareness of your MRC unit is a first step toward letting prospective volunteers know where to turn. Be clear about your MRC's mission and focus, and be explicit about the kinds of skills you need in order for the unit to be most effective. Public awareness activities are also a way to let prospective response partners know who you are and how your mission might overlap with theirs, which will go a long way toward building a broad base of community support for the MRC.

Using public relations effectively can strengthen relationships with volunteers and with partnering organizations because it shows that the MRC is part of the community. This can have personal significance to many of your volunteers. It will also be of strategic importance to partnering organizations seeking to sustain a strong community presence.

Establish and maintain clear and honest communication with every volunteer, from start to finish.

The Interview Process: Action Steps

- *Develop an application form that is easy to fill out and that gathers all the information you think you'll need.*
 - ⇒ Find out how other MRC units are handling this.
 - ⇒ Don't hesitate to use a temporary application form if a more extensive one will take more time to develop.
- *Once completed, check the application with the prospective volunteer either in person or on the phone to make sure all the information is clear and complete. It's easier to do it now than it will be later.*
- *Explore your prospective volunteer's interest. Don't assume based on the person's background that you know what he or she wants to do for the MRC.*
- *Find out what your prospective volunteer values and considers important. A volunteer's sense of purpose is an important resource for the MRC.*
- *Determine a prospect's availability.*
 - ⇒ Different people will have different amounts of time to give. Some may not be available year-round. Others may need to be utilized throughout the year to remain engaged with the MRC.
- *Find out if your volunteer has other obligations that might conflict with serving the MRC.*

Interviewing and Screening Prospective Volunteers

Once your prospective volunteers have some idea what you're looking for, know how to reach you, and start calling, you will begin a process of dialogue that will continue throughout that volunteer's involvement with the MRC. Good communication is important in every organization, of course, but the MRC effort requires the transfer of large amounts of information, some of it highly technical, in order to properly plan and utilize its volunteers. Continuous coordination through communication is essential.

Prospective volunteers must be carefully interviewed and screened. Their credentials will have to be verified and their skills sets matched to existing needs in the MRC. Keep in mind that you may receive calls from volunteer prospects with unexpected skills sets, allowing your MRC to contribute in ways that had not been anticipated. Finally, potential volunteers must be informed of any risks associated with their future MRC activities so that they can make an informed choice about their involvement.

The Interview Process

Many MRC units have developed an application form to be completed by prospective volunteers. The information gathered varies from community to community. But in general, you will want basic contact information, a history of prior work and volunteer experiences, a list of current or inactive certificates and credentials relevant to the person's possible volunteer activities, other skills (such as the ability to speak another language), an idea of what kind of contribution the prospect would like to make, and the person's availability in terms of the time he or she can commit. This general information will guide your subsequent face-to-face interview.

Interviewing and Screening Applicants

The process of interviewing and screening applicants is a critical part of volunteer relations. It typically involves:

1. **Interviewing** to gather sufficient information
2. **Screening** for appropriateness to MRC
3. **Informing** applicant of risks and responsibilities
4. **Verifying** credentials and references

Items to Consider for the Volunteer Application Form

- Contact information
- Applicant's interest in volunteering for MRC, including desired contribution
- Applicant's availability
- Prior volunteer experiences
- Relevant work and educational history
- Other skills (such as fluency in a second language)
- Limitations (e.g., physical or health)
- Current (or inactive) certificates, licenses, or other credentials
- Personal and professional references
- Authorization to use applicant's photo for public relations purposes

COMMUNITY PRACTICES

Some MRC units are working with area hospitals to create a standardized volunteer application and credentialing form.

Check the application to make sure it is complete and that everything is legible. It's much easier to get thorough and accurate information with the person sitting right there in front of you than it is later, when you're trying to enter the data into your record-keeping system.

During the interview, it is especially important to find out what kind of contribution the prospective volunteer is most interested in making to the MRC. A sense of satisfaction is highly correlated with long-term retention of volunteers. A physician, for example, may want to offer her professional skills to the MRC. Or, she may be interested in doing work that differs from what she does day to day. People sometimes volunteer in order to stretch their ordinary range of activities. Others have no idea what they might like to do—they just know they want to help a worthy cause. Based on what you know your MRC unit can use by way of help, you will be in a position to propose various alternatives.

In addition to finding out what kind of activities interest the prospective volunteer, take time to find out what matters to that person in terms of personal values, particularly as it relates to community service. In some cases, your MRC unit may not be organized to make use of someone's professional skills, no matter how impressive, or you may not have need for the kind of work that person would like to do. But rather than letting that person walk away, you might be able to help him or her see that other kinds of work might also support his or her sense of values. After all, many people volunteer in order to bring an increased sense of meaning and connection to their lives. Above all, they want to support a larger purpose. *How* they make that contribution may not ultimately matter.

Once you've determined the kinds of activities a volunteer might be willing or able to do, you'll want to revisit the prospect's availability. For example, if your MRC is involved in year-round, non-crisis activities, find out if your prospect will be available year-round. Find out if the prospect's regular work responsibilities or family obligations will permit emergency utilization without much advance notice. Talk about the amount of time she or he will be able to give to training and drilling, too. Some volunteers may only be interested in making a minimal commitment during times of crisis or for other specific community needs. It is important to respect those preferences as long as they can be accommodated by your MRC's mission and work plan.

Another area to explore is whether your prospective volunteer has other obligations that are particularly related

Screening Applicants: Action Steps

- *Consider ahead of time what criteria are necessary for a potential MRC volunteer, as well as the criteria that will screen out an applicant.*
 - ⇒ Ask for help from others in determining these criteria.
- *If a current physical exam is part of the screening criteria, inform applicants. Let them know how often it will need to be updated.*
- *Consider whether you will be conducting a background check for a history of criminal behavior or of professional malpractice. Get what information you need from the applicant.*
 - ⇒ Find local partners, such as police departments, who can help conduct such checks inexpensively and thoroughly.
- *If you have doubts about an applicant or about your assessment of that applicant, ask for help from professionals in other volunteer organizations or in the human resources departments of local organizations.*
- *Be prepared to turn away volunteers who will not be appropriate for the MRC.*
- *If a volunteer isn't a good fit for your MRC, offer referrals to other volunteer opportunities in your community.*
- *If a volunteer isn't a good fit at this time, but might be in the future, don't hesitate to keep in touch.*

to other disasters or response situations. Membership in both a DMAT (Disaster Medical Assistance Team) and an MRC unit, or in an MRC unit and a Red Cross volunteer group, could prove problematic unless there is proper coordination and integration between these organizations. (This would be an issue to discuss with your response partners ahead of time.)

Certainly, your MRC will not want to rely too much on volunteers who will be committed elsewhere. That's not to say the MRC can't use volunteers who have other commitments; it just means that the other obligations must be well documented and taken into account when planning.

Even with all your creativity, there will be times when there simply won't be a good fit between a volunteer and your MRC unit. In those cases, it is better to put that person on standby if they seem otherwise to be a potentially useful resource. It is better to stay in touch with them rather than pressuring them into work that may sour their volunteer experience. Keep a file of prospects and don't hesitate to stay in contact with them.

Screening Applicants

There will also be individuals who apply as volunteers who simply won't be appropriate for any number of reasons. They may not understand the MRC's mission properly. You may discover while interviewing them that they'd be happier doing other kinds of work. Or, you may find out that they want to do work for which they haven't the proper credentials. You may even talk with individuals who struggle with psychological or emotional issues that may interfere with their ability to work well with others on the team. Screening unfortunately also means turning people away if their participation will in any way hinder the effectiveness of your team.

Remember, even if you don't think an applicant will fit well with your MRC—for whatever reason—it is always appropriate to give that person the contact information for other volunteer organizations in your area where the fit might be better.

Turning prospects away can be one of the more difficult parts of managing volunteer relations. As such, if you have doubts about a prospect, or about your assessment of that prospect, ask for help. Seek out other volunteer organizations in your area that would

Local volunteer centers or organizations that make extensive use of volunteers are excellent resources for all aspects of volunteer relations, such as screening, training, retaining, and record keeping.

Informing Applicants of Risks and Responsibilities: Action Steps

- *Let your volunteer prospect know how much time and effort will be expected, as well as his or her likely duties.*
- *Inform applicants of any dangers associated with their MRC volunteer work, especially as those relate to legal liability (if someone is harmed by the volunteer) and to the risks associated with disability for the volunteer.*
- *Explain clearly and thoroughly any legal or workers compensation protections that may or may not be available to cover individuals while volunteering for the MRC.*
- *Remember, screening and interviewing is a two-way process that is important as much to the volunteer as to the MRC. Make sure the prospect has all the information he or she may need to make an informed decision.*

be willing to talk about their screening methods and criteria. You might also talk with someone with human resources expertise—that is, someone who does a lot of interviewing, hiring, and even firing. When you're not sure what to do, outside input can be extremely useful, even if you are responsible for the final decision. After all, interviewing and evaluating applicants is a highly specialized process and fortunately one you will get better at with increasing, hands-on experience.

To screen applicants, some MRC units—as well as other volunteer-driven organizations—perform background checks on prospective volunteers to see if they have a criminal history or a history of being sued for malpractice or negligence. Each community will need to decide what prior infractions are serious enough to disqualify an applicant. Making these distinctions and weighing all the factors is not always easy. Each community will need to decide where to draw the line in such a way that protects the welfare of the group and the rights of the individual. It can be helpful to the person responsible for screening to develop a set of general guidelines for making such judgments and for particularly troubling cases, to seek outside consultation from someone with legal or human resources expertise.

Check with your local police department or other partnering organizations to see if they can offer you thorough, low-cost background checks.

In addition, if background checks are to be part of the volunteer screening process, it will be necessary to determine how often such checks will be conducted, even for currently active volunteers. It also will be necessary to decide how frequently physical exams will need to be updated, if that is also part of your screening criteria.

Informing Applicants of Risks and Responsibilities

At the same time that you are determining if a particular volunteer is going to fit well with your MRC, the prospective volunteer applicant will need to decide if this is really the kind of commitment of time and energy that he or she wants to make. Screening works both ways.

Some interviewees are not particularly skilled at conducting their side of the process. So it is in your best interest to help in whatever way you can by

Volunteer Responsibilities and Risks

- Time required for meetings, training, and drilling
- Types of duties possible in the course of volunteer utilization
- Expected availability during times of community need
- Legal liability and other risks of harm
- Available workers compensation and disability protections

sharing your observations and by giving applicants complete information about the MRC. You don't want people signing on with false impressions. Be sure to let applicants know how much time they will need to give to training and other drilling exercises. Inform them about the kinds of duties they might anticipate in the course of utilization. Let applicants know what you expect by way of availability during times of community need. Above all, inform them of the risks involved in volunteering for the MRC. This can be difficult, challenging work. In some cases, volunteers will be involved in work that may put themselves or others at risk for harm, and therefore at risk for being sued.

To make their best decision, volunteers will need to be apprised of your local volunteer protection statutes and any limits that may apply with regard to professional or general liability. They will need to know if their volunteer activities will be covered by any form of workers compensation should they become injured in the course of their duties for the MRC. You will want to let them know what measures have been taken to decrease the likelihood of their incurring liability for behavior leading to someone's unintended harm.

The intention isn't to scare off prospective volunteers but to give them as realistic a picture as possible. To the extent that you have reasonably considered all the angles of these complex issues, that itself will go a long way toward reassuring volunteers that they are in fact joining a responsible organization that takes seriously the need to protect everyone from unnecessary harm.

In short, as you negotiate this complex process of interviewing and screening volunteers, it is important to remember that the interview will ideally be a two-way exchange. In addition to collecting information about the prospect, you will want to provide as much information as possible about the MRC to the potential volunteer. Providing that counts as much toward volunteer satisfaction as it does toward fulfilling the MRC unit's legal obligations.

From the start, you will want to foster a culture of no-nonsense, honest, and open communication. It will prove essential to every aspect of the volunteer's experience with the MRC, particularly during times of highly coordinated utilization with your response partners.

Verifying an Applicant's Credentials and References: Action Steps

- *Follow up with both personal and professional references for your prospective volunteer. Take note of where your impressions coincide with or diverge from the feedback you receive.*
- *Be sure to collect copies of all necessary documentation (current licenses, certifications, degrees, etc.) that pertain to the applicant's potential future work for the MRC.*
- *If possible, partner with local organizations that can conduct such "credentialing" checks (especially for medical volunteers) in a cost-effective and thorough manner.*

Verifying an Applicant's Credentials and References

Once you've interviewed a candidate volunteer for the MRC and have a good sense that there could be a working fit, one important follow-up activity is checking the applicant's credentials and references.

When the applicant's references are contacted, ideally they will support many of the conclusions you've already come to about the person you've interviewed. You will want a sense of the applicant's work style and personality, since the MRC will require both professionalism and a personal commitment to a mission. This is why both personal and professional references are important. Since many of us live in larger communities, we don't really know one another within the context of a manageable network of relationships that might characterize a smaller town. Instead, we rely on references to help fill out the picture we have of a person and get a sense of his or her strengths and weaknesses. In that way, references substitute for the direct, personal knowledge that will develop once you've actually begun to work with the applicant as an MRC volunteer. If in the process of contacting the applicant's references you hear something that is at odds with your own impressions, additional conversations with the applicant may be necessary.

Another part of clearing the way for volunteers to participate in the MRC involves a process known as "credentialing." This basically means verifying that the applicants have achieved the degrees, certificates, licenses, and training they claim to have completed. In particular, credentials need to be verified if volunteers will be doing work that is regulated in your state or locality and that requires those credentials. Many medically related activities relevant to the MRC are regulated for the protection of the persons receiving those services. MRC volunteers will be governed by the same laws that generally restrict such practices.

At the same time, there remains a whole range of MRC work that will not require special certification or licensure. It really depends on what the volunteer will be doing and on local laws and regulations whether credentialing will be necessary for a particular MRC volunteer. For example, a practicing, licensed dentist may volunteer his time to the MRC, but if his role is to fulfill one of the many necessary support activities, it

won't be necessary to verify that his dentistry credentials are up to date and valid.

When credentialing is required based on a volunteer's expected contributions and on local law, it helps to request documentation and other proof of the volunteer's reported credentials at the time of the interview. Photocopies will be adequate in most instances. This will speed up the credentialing process on your end. More importantly, having a volunteer's credentials verified ahead of that volunteer's utilization means a tremendous savings of time and resources when a disaster or other public health crisis emerges. We know from the emergency response efforts following the 2001 World Trade Center disaster in New York City that the complexities of credentialing can greatly interfere with prompt and necessary volunteer utilization.

Verifying medically related credentials can be a complex, technical process that is sometimes provided as a service (for a fee) by a number of accrediting organizations and by other medical industry organizations. Though these services make things much easier for the end user, the cost can sometimes be prohibitive for a small organization like an MRC unit. Efforts are under way in various communities and at the national level to make such services available to MRC units at little or no cost. Some units have already worked out agreements with partnering hospitals, professional organizations, and state departments of public health to check volunteer credentials for free. Nationally recognized standards also are being developed to help systemize the credentialing process.

Bear in mind that just because a volunteer has properly recognized medical credentials, this does not necessarily mean that that volunteer is qualified to function as part of your local MRC response team. Your community and other response partners may have different or additional standards that must be met first, of which medical credentialing may be only one component. Public health officials generally aren't credentialed in the same way that doctors are credentialed. But for the purposes of their volunteer activities with the MRC, they also may need to meet certain locally established criteria. It will be part of your volunteer screening responsibility to make sure those requirements are met before clearing your volunteers for utilization.

Even though the term "credentialing" refers primarily to medical credentials, it is important to remember that a thorough background check for every volunteer includes things like contacting personal and professional references, verifying other licenses and sometimes a driving record (if the volunteer will be operating vehicles), searching for a prior criminal record, requiring a recent physical exam, and checking any other information pertinent to the volunteer's future activities for the MRC.

Develop a complete list of qualifications required for each type of volunteer activity.

Solicit input from response partners, professional organizations, and legal experts.

Training and Qualifying Volunteers

Once you've determined that a particular individual would make a great addition to your MRC, it will be necessary to look carefully at that person's current capabilities. Every volunteer comes to the MRC with a preexisting set of skills, many of which may be useful. At the same time, those skills may need to be augmented with specialized training as determined by your local emergency response and public health needs. Training is essentially the process of closing the gap between a volunteer's existing capabilities and those required for effective use as an MRC volunteer.

To protect everyone involved, volunteers will be permitted or qualified to perform only certain kinds of activities. The criteria determining what people can and can't do will vary from community to community. It might depend on having a combination of required state licensure or licensure-equivalency¹ (for license-regulated skills), proof of training in non-license-regulated skills (those that have some bearing on the MRC unit's task), and additional training relevant to emergency response and/or public health activities (such as CPR, identification of hazardous materials, features of your local incident command system, etc.).

An MRC volunteer's qualifications will therefore be determined by your unit's mission, by local laws and professional standards, and by the requirements of your response partners.

Ideally, each MRC unit will maintain a regularly updated inventory of its volunteers' skills and qualifications. During an emergency or other public health situation, local emergency managers or public health officials with access to your database can determine where to deploy your MRC volunteers. You can also use this information during non-crisis times—for flu clinics, education outreach, or epidemiological surveys—to help assemble teams based on complementary differences in skills, training, availability, and interests.²

¹ Some volunteers may be retired from their original profession and may not have maintained their licenses to practice, though they may still be capable of performing certain professional tasks. Utilizing such volunteers for any license-regulated activities will require working at the state level to modify laws governing licensure and public protection.

² Some MRC units may not have a database system that can be accessed by local emergency managers or public health officials during an emergency or during non-crisis periods. In that case, it is recommended that MRC volunteers carry some form of identification that also indicates their skills and the activities they are qualified to perform in an emergency medical or public health situation.

Training for Readiness: Action Steps

- *Determine the particular activities each volunteer will be doing. Tailor that volunteer's training plan based on those activities and on the volunteer's existing skills.*
- *To the extent possible, standardize training for all volunteers. But don't let the appeal of standardization interfere with the necessities of specialized or even customized training.*
- *Design your training curriculum based on local needs for utilization.*
- *Seek out local resources for training. Your response partners may already have access to such resources and may be willing and able to include your MRC volunteers at little or no additional cost.*
- *As a way to retain more experienced and committed volunteers, consider having them offer training to new volunteer recruits.*

Training for Readiness

Training volunteers is essentially the process of upgrading a volunteer's skills profile to meet the minimum requirements or qualifications necessary for particular kinds of utilization. Those qualifications will represent the volunteer's baseline usefulness in the event of an emergency or other public health incident.

MRC volunteers can serve in many different roles that can be roughly grouped into two broad categories: (1) front-line/direct-service and (2) support/administrative.

Front-line/direct-service volunteers make up a highly diverse group, though they are basically individuals working on the immediate scene of an emergency or public health situation and offering direct service that requires some level of skill and entails a certain level of risk. Support/administrative volunteers perform essential duties that operate more in the background, although some of their functions may also require particular skills that may necessitate additional training.

These two categories of volunteers are each associated with specific training requirements. But all volunteers, regardless of type, will need to undergo some form of orientation to the MRC. They will need an overview of the system in which the MRC's activities take place, whether in relation to emergency response or public health, or both. Everyone needs to understand how her or his role fits into the larger picture.

Besides receiving an orientation, support/administrative volunteers will need some guidance on how to perform their particular functions, which will vary depending on the needs of particular communities. They may need to participate in practice drills if their duties interface with those of the front-line/direct-service volunteers. But overall, the training load for support/administrative volunteers will be lighter.

The training requirements for front-line/direct-service volunteers, on the other hand, may be quite extensive and specialized. Bear in mind that because these are volunteers—many of whom have other jobs or responsibilities—training must not become a burden. It must be efficiently tailored to the needs of your community.

The specifics of curriculum design for your MRC volunteers will depend a great deal on what local needs they intend to supplement. For example, to work in a local hospital-based trauma unit, volunteers may need to be trained to meet that particular hospital's standards. As a rule, training



requirements and qualifications will be determined by your response partners. You will first need to conduct a full audit of local needs, which should include an inventory of your partner’s training requirements and training resources. Tapping into existing training resources greatly reduces costs and will allow you to direct available funds to training resources that aren’t offered for free or at low cost.

Another way to leverage your limited resources and at the same time contribute to volunteer retention is to have the more experienced, committed volunteers train the incoming volunteers.

To give an example, let’s say your community needs help with front-line emergency medical services and ongoing public health efforts. Your volunteers might then participate in at least one of three training tracks: administrative/support, emergency medicine, or public health. The types of training that might be necessary for each track are listed in the table below. Keep in mind that these are offered as examples, not as specific recommendations:

SAMPLE TRAINING TRACKS FOR MRC VOLUNTEERS		
Admin./Support	Emergency Preparedness	Public Health
<ul style="list-style-type: none"> ▪ General Orientation ▪ Support Skills Training ▪ Communications ▪ Public Speaking ▪ Incident Command System (ICS) or other locally used command systems 	<ul style="list-style-type: none"> ▪ General Orientation ▪ Overview of Local EMS and Integration into Existing System ▪ Drilling with Local EMS ▪ Basic Life Support and CPR ▪ Basic First Aid ▪ CERT Training ▪ Specialized Training: <ul style="list-style-type: none"> ▫ Triage of Emergency Patients ▫ Basic Burn Care ▫ Advanced Cardiac Life Support 	<ul style="list-style-type: none"> ▪ General Orientation ▪ Overview of Local Public Health System and Integration into Existing System ▪ Drilling with Local Public Health Group(s) ▪ Immunization ▪ Current Public Health Information and Recommendations ▪ Cross-Cultural Competency

Generally speaking, front-line/direct-service volunteers will receive training in primary emergency response and public health procedures, including basic life support and CPR; CERT training; identifying the signs, symptoms, and treatment of hazardous materials (including nuclear, biological, and chemical agents); and basic first aid skills to deal with emergencies such as shock, allergic reactions, bleeding, broken bones, burns, chemical splashes, choking, eye injuries, skin wounds, dislocations, head trauma, heat exhaustion, stroke, and poisoning.

COMMUNITY PRACTICES

Rural MRC units may be focused on the day-to-day augmentation of ambulatory medical services. They may try to attract emergency medical technicians (EMTs) or may instead train others as first responders in remote areas where victims may have to wait a long time before official response workers can arrive. Wherever you are located, your unit may also be able to provide surge capacity for more routine emergencies. Consider your local needs.

Many different kinds of specialized training may be necessary. Volunteers working in emergency situations will need to be trained in your community's emergency response plans and protocols, including where to go in the event of an emergency, appropriate chains of command, locations of supplies, and so on. Direct-service volunteers in public health will need to know local procedures as well, which may include immunization practices or community outreach strategies. Some volunteers, though qualified to perform certain medical procedures in a standard medical setting, may need to be taught how to perform the emergency medicine equivalent. Different skills may also be needed for direct work in the community around public health issues.

The following table lists some of the possibilities:

Possible Specialty Training Areas

- Disaster response planning
- Knowledge of local, regional, and statewide emergency response capabilities
- Knowledge of the mechanics of Disaster Medical Assistance Teams (DMAT) and epidemiological surveillance teams
- Knowledge of working relationships between medical emergency teams and law enforcement personnel
- Basic triage of emergency patients
- Life support
- Advanced cardiac life support
- Pediatric advanced life support
- Advanced trauma life support
- Basic burn care
- Knowledge about mental health issues that are likely to arise
- Knowledge of decontamination
- Recognition of clinical manifestations of infectious diseases (especially those caused by possible biological-warfare agents)
- Knowledge of quarantine procedures and quarantine facilities
- Experience with routine emergency equipment
- Knowledge of hazardous materials
- Experience with communication systems and technology
- Basic confined-space medicine
- Basic medical care in an austere environment
- Basic knowledge of the management of the consequences of biological and chemical weapons use
- Cultural competence

To give other examples of possible curriculum requirements, your local response partners may be using an incident command system (ICS), HEICS (Hospital Emergency Incident Command System), or some other approach to mobilizing in the event of crisis or other community need. Certain hospitals or public health offices may function using other procedures. Volunteers working within these systems will need to understand the general principles and the particulars governing their volunteer activities in those different settings.

Training Resources

- Federal agencies:
 - Federal Emergency Management Agency (FEMA, part of the U.S. Department of Homeland Security) Community Emergency Response Teams (CERT): training.fema.gov/EMIWeb/CERT/index.asp
 - Centers for Disease Control and Prevention (CDC) Emergency Preparedness and Response: www.bt.cdc.gov/training/index.asp
 - CDC Public Health Training Network: www.phppo.cdc.gov/phtn/default.asp
 - CDC National Immunization Program: www.cdc.gov/nip/ed
 - National Institutes of Health (NIH), National Library of Medicine: www.sis.nlm.nih.gov/Tox/ChemWar.html
www.nlm.nih.gov/medlineplus/anthrax.html
- Fire and emergency rescue departments
- Local chapters of the American Red Cross
- Non-government organizations (e.g., Salvation Army, faith-based groups)
- Universities and other academic institutions
- Emergency health and medical journals
- Professional organizations specializing in disaster/emergency medicine training
- International organizations (e.g., World Health Organization, International Federation of the Red Cross)

Drilling With Response Partners: Action Steps

- *Find out how your MRC volunteers can participate in table-top exercises, drills, and other practice experiences with local response partners.*
- *When possible, have MRC volunteers role-play their eventual duties.*
 - ⇒ By offering to role-play emergency victims or health clients, medical and health volunteers can offer important feedback to other responders.
- *Always follow drills with debriefing and additional training as needed.*

Drilling With Response Partners

Drilling with these response partners may also be critical to learning their systems and cultures. Volunteers will ideally gain hands-on experience through practice scenarios prior to actual events. More intensive drilling can sometimes be preceded by preparatory table-top exercises, which can be more easily organized and at a fraction of the cost. Table tops or paper-based exercises can be a quick way to introduce your MRC to other community partners.

Although it is usually important for volunteers to participate in exercises in the roles they would ostensibly fill for a response effort, sometimes volunteers can help in drills by playing individuals in need of help. This would allow them to use their medical or health expertise to evaluate the care they receive from first responders and other public health workers. In addition, drills and practice exercises are important for learning how to avoid mistakes when an actual emergency occurs. Moreover, regular practice events can help sustain volunteers' commitment to their MRC unit if there are long periods between utilization. Drills should always be followed by debriefings and further training to improve response skills.

When MRC volunteers participate in drills, it is above all a community-building effort. In particular, it can be a way for local emergency responders or public health officials to get to know your volunteers as well as the MRC as a whole. This kind of interaction helps build familiarity and trust prior to utilization. Drills are also a great way to attract media



attention, which can provide an important opportunity for further outreach and recruitment.

Community Practices		
TOPOFF DRILLS	MASS DISPENSING	MOCK ANTHRAX CLINIC
MRC units have participated in TOPOFF (Top Officials) disaster drills around the country. Volunteers with proper training and clearance have been able to take part, in particular, to practice screening and triage roles outside a clinic. What has been learned from these drills is that more training is needed in disaster response, in public health procedures, and in using the communication and command systems employed by local partners.	Some MRC units have held mass dispensing exercises where a large number of MRC volunteers facilitated the drill by playing the role of victims. Still other MRC volunteers served roles similar to those they would perform in an actual emergency, such as offering administrative and clinical support.	One MRC unit hosted a drill with MRC volunteers staffing a mock anthrax clinic to practice delivering prophylaxis to 250 community clients. Beforehand, volunteers were trained in the areas of logistics, security, outreach, triage, clinic flow, staffing areas for the sick and those in need of counseling, registration, screening, service provision, education, discharge, and data entry.

Promoting Volunteer Safety

Volunteers will also need to be trained in your MRC's policies and procedures, especially if there are complex local regulations that govern volunteer behavior and that affect their exposure to legal liability when harm occurs inadvertently as a result of their activities, or that affect their ability to benefit from workers compensation if they are injured while volunteering for the MRC. If everyone on an MRC team is clear about what constitutes safe, permissible practice, significant steps will have been taken toward reducing risk and harm to all involved.

Safety for volunteers should also include physical exams to ensure that volunteers are fit to perform their duties. In addition, all volunteers should have current immunizations, such as tetanus, influenza, pneumococcus, and hepatitis B. Your local public health department will likely suggest the immunizations most relevant to the volunteers in your area.

The important issue to remember is that training should be structured such that the minimum information is communicated to volunteers as quickly and efficiently as possible. After that, it's a matter of prioritizing skill sets and methodically setting out to improve the overall skills profile of your volunteer pool.

Developing a training plan and then training your volunteers is an ongoing, highly dynamic process. It's one

Promoting Volunteer Safety: Action Steps

- *Volunteer training must include a thorough understanding of your MRC's policies and procedures. This is critical to reducing the risk of harm and possible liability.*
- *Require volunteers to undergo periodic physical exams as appropriate to their MRC duties.*
- *Make sure volunteers have current immunizations, especially when working in public health settings or assignments.*

Volunteer Safety Issues

- Proper training in policies and procedures
- Physical exams to ensure appropriate fitness
- Current immunizations

that is never really finished, yet always leaves your MRC unit stronger and better prepared. A training plan will combine individual volunteer motivation with requirements from your response partners. The MRC unit coordinator's job is to facilitate that process and to help everyone be as clear as possible about what is needed to make the best use of your volunteers.

Training is an ongoing investment, as there always will be some inevitable amount of volunteer turnover. However, by continually upgrading the capabilities of your MRC unit over time, you can systematically build the corps of volunteers best suited to your community's needs.

Qualifying Your MRC Volunteers

It may seem obvious that MRC volunteers should perform only those duties they are qualified to perform. But qualifying MRC volunteers is a process that takes into account a number of factors. For example, it makes sure an individual is licensed to perform certain duties or that the individual is able through license equivalency to perform those duties in states where that is permitted. State-recognized licensure or license equivalency should be the bottom-line requirement when considering whether a volunteer can perform certain state-regulated professional activities. Deviating from those regulations puts the volunteer and the MRC unit at great risk for liability.

Some volunteer activities may not require licensure per se, but the MRC unit leaders will have verified through some other means that the volunteer is qualified to perform those activities in the event of an emergency or other response effort.

Qualification generally means that the volunteer has been through some sort of basic training, yet it may also refer to specialized training the volunteer has received since joining the MRC. In addition, qualification means that volunteers have kept current with renewal requirements for certain credentials, certificates, licenses, and other skill sets. Most importantly, these qualifications indicate that the individual volunteer is qualified to perform those specific duties in the line of her or his work for your MRC unit and in coordination with your response partners.

The exact formula will differ from community to community, but in general, you can think of qualifications for volunteers as a combination of (1) adequate training (locally determined), (2) credentials (state/Federally determined), (3) legal restrictions on practice (based on local/state

Qualifying Your MRC Volunteers: Action Steps

- *Once a volunteer has completed all required training in order to participate as a volunteer, keep records in a way that can be easily accessed.*
- *Develop procedures with your response partners so that in the event of an emergency or other public health response situation, your volunteer's qualifications—training, required credentialing, legal restrictions on practice, scope of volunteer's duties, etc.—can be quickly checked and verified for efficient planning and utilization of that volunteer.*

An MRC Volunteer's Qualifications Summary

1. Adequate training (locally determined).
2. Credentials (state/Federally determined).
3. Legal restrictions on practice (based on local/state liability and workers compensation regulations).
4. Scope of the volunteer's practice for the MRC (determined by MRC's role in collaboration with response partners).

liability and workers compensation regulations), and (4) the scope of the volunteer's practice for the MRC (determined by the MRC's role in collaboration with response partners).

Each response partner may have different requirements or criteria for qualifications and different procedures for verifying credentials of paid staff and volunteers.

Take note, however, that being "qualified" does not mean the same thing for every volunteer. Rather, qualification will consist of a specific list of activities or skills that the volunteer can be asked to perform, as well as some indication of the kinds of situations or work settings for which that individual will have clearance. In practice, that list of skills may take the form of a series of symbols on an MRC ID card that quickly communicate the volunteer's qualifications to emergency managers or to officials managing a public health response effort. That exact list or set of symbols may differ for every community.³ (*The topic of ID cards is covered more extensively in another booklet in this series, "Establishing and Maintaining Your MRC Unit's Organization."*)

When qualifications are kept current, they provide a record that is accurate at the time a volunteer is to be utilized in an emergency. The volunteer's qualifications record should clearly spell out what he or she can do in a crisis. That record should be continually updated to reflect changes in training, responsibilities, credentialing requirements, local liability restrictions, and planning with your response partners.

With proper qualifications, for example, volunteer physicians, physician assistants, and nurse practitioners may be able to triage disaster victims to facilitate rapid referral to backup health facilities. Pharmacists and pharmacy assistants could be preassigned to deal with shipments from the federally controlled pharmaceutical stockpile. Trained MRC volunteers could be preassigned to assist with hospital evacuation or with establishing temporary treatment sites. Veterinarians could be preassigned to deal with injured and dead animals.

All of these and many other needs would be addressed in the planning effort conducted with your MRC unit's response partners, some of whom may be responsible for emergency and public health response in the community.

³ During specific events or emergencies, badges are issued based on immediate needs to deploy certain resources and control access to certain sites. An ID card is *not* the same as a badge. An ID card is strictly a way of identifying the MRC volunteer and communicating his or her qualifications to the person directing the event or emergency. It may be one of several pieces of information used to determine whether the volunteer should be issued a site- or activity-specific badge for a limited period of time. That badge will be surrendered at the end of the specific utilization or time period. However, the volunteer would retain his or her MRC ID in the event that further utilization is required.

Spontaneous Volunteers and Volunteer Convergence: Action Steps

- *Develop a plan with your response partners for using spontaneous volunteers who will almost certainly “converge” on the scene of an emergency or other response situation.*
- *Be clear about what duties such spontaneous volunteers can perform and which ones fall outside the scope of your MRC or outside the limits of local legal protections.*
- *Remember, contact with spontaneous volunteers is a possible first step toward recruitment and more thorough training for the next time they might be needed.*

Spontaneous Volunteers and Volunteer Convergence

For all the effort you may put into training and preparing volunteers and making sure they are qualified, you can be fairly certain that at times of crisis and community need, more volunteers will spontaneously show up or converge on the scene of a disaster. This is known as volunteer convergence, and it's a fairly common occurrence.

These spontaneous volunteers may be individuals who never heard of the MRC or for whom the idea of volunteering had insufficient appeal earlier. Or, these may be individuals who are visiting from other states or communities. Whatever the case, it is important to plan for this kind of eventuality with your response partners. If possible, you'll want to figure out ahead of time how to respond to these “spur-of-the-moment” individuals, how to make sure they remain safe and non-interfering, how to check their credentials and capabilities, and how to make use of what they have to offer.

Once you've made initial contact with these spontaneous volunteers, you may consider some of them potential recruits for a more planned involvement with your MRC going forward. As appropriate, be sure to follow up, invite them in for an interview, and encourage them to be trained for the next time their skills can be used for the community.

Give your volunteers the training they need to be effective.

Help close the gap between existing capabilities and those required for MRC utilization.

Look out for the welfare of your volunteers.

They represent a considerable investment of time and effort.

Serving a Satisfying Purpose: Action Steps

- *Utilize your volunteers in a manner that brings them satisfaction.*
- *Remember, satisfaction will differ from person to person. Don't over- or underutilize individual volunteers. Find out what amount of involvement is right for them.*
- *For volunteers who need to stay busy, consider the many routine, typically public health-related activities that would also benefit your community.*

Retaining Volunteers

When you consider the investment of time required to interview and screen a volunteer—let alone make sure that he or she is then properly trained and drilled—retaining that volunteer over the long run is obviously desirable. A fully qualified MRC volunteer is an invaluable asset to your community and one you don't want to lose.

A number of factors contribute to volunteer retention. The first is certainly the quality of the volunteer's initial contact with the MRC, usually through the interviewing and screening process. The second is the degree to which the volunteer experiences the required training as helpful and relevant, not just "busy work." A third is the measure of professional accountability demonstrated by the MRC leadership in terms of establishing and following policies that reduce the overall risk of harm for the volunteer and for others. A fourth is the volunteer's sense of being well utilized, therefore of being able to make a personally satisfying contribution. A fifth is the care taken to debrief volunteers following utilization, which demonstrates most vividly the MRC's commitment to caring for the well-being of its volunteers and taking seriously any feedback from the field. A sixth is the extent to which volunteers feel recognized and appreciated for their efforts. And finally, a seventh factor is the degree to which volunteers see that the MRC leadership, in coordination with its response partners, is functioning as an advocate with local, state, and Federal government to ensure proper legislation and guidelines for extending protections to volunteers engaged in activities that carry some known risk.

Serving a Satisfying Purpose

As we mentioned earlier, one of the most important ways to retain volunteers is to make sure they are utilized in a way that brings them personal satisfaction. A volunteer's desire to give service can be stifled for lack of sufficient involvement with the MRC.

However, putting MRC volunteers to work can be a tricky proposition. They frequently will have to be trained for their more complex duties, which means they will not be immediately deployable in the field until their training is complete. When community situations or emergencies do arise, activation of volunteers may consist primarily of standing by—in other words, awaiting the possibility of deployment but possibly not

Factors Contributing to Volunteer Retention

1. Quality of initial and ongoing contact with MRC leadership.
2. Training experienced by volunteer as helpful and relevant.
3. Professional accountability demonstrated by MRC leadership in regard to policies and procedures that reduce risk of harm for volunteers and others.
4. Ability of volunteer to make a personally satisfying contribution to MRC mission.
5. Post-response debriefing by MRC leadership demonstrates interest in volunteer's well-being and feedback for improving future performance.
6. Sufficient recognition and appreciation by MRC leadership of volunteer's contributions.
7. MRC advocacy, on behalf of volunteers, at local, state, and Federal levels regarding legislated volunteer protections.

COMMUNITY PRACTICES

MRC units are using their volunteers to help to improve access to health care for the uninsured and underinsured residents of their areas.

doing anything specific because local response efforts don't yet need that supplemental backup from the MRC. Reserve response capabilities may be a great boon for a community, but may be experienced by some volunteers as frustrating if those capabilities are literally held in reserve, as may be appropriate given the particular response. Added to that, the kinds of emergencies or community crisis situations that might actually require MRC support will likely be few and far between. This can contribute even more to a volunteer's sense that he or she is not really needed or not really part of something that brings personal satisfaction.

One of the many challenges faced by MRC units is how to keep their volunteers engaged when individuals need more frequent contact and more concrete evidence of utilization. Conversely, some individuals may feel adequately connected to the MRC with relatively little contact or utilization. These differences are important to keep in mind and to accommodate. Some volunteers could drop out because they feel overburdened or underutilized.

One goal of the MRC program is for MRC units to make contributions to their communities in between times of crisis, again usually in conjunction with response partners. Doing so will also provide more frequent activities for volunteers who need a way to remain connected to their units between more intensive engagements. Many of us feel a greater allegiance to people with whom we have strong relationships. We make commitments as much to one another as to the organizations to which we belong.

Some of the options being explored by MRC units involve using volunteers in ongoing public health education and outreach efforts. This could include public immunization programs in schools or underserved areas. Another possibility is the promotion of mental health and wellness. Other MRC units are attracting and keeping volunteers by offering training, free of charge, that may also be of use to practicing medical and public health professionals. Involving volunteers in regular drills with other response partners helps them stay in touch with the unit's mission as well as with its operating procedures. Still other volunteers are kept engaged by training other volunteers. And some volunteers with medical and public health expertise are working with response partners to solicit resources in the community and to develop supply stockpiles and other resource needs in readiness for utilization. They may even use their combination of

professional expertise and leadership skills to work on behalf of the MRC at the level of local, state, and Federal government.

There is a great deal of work that needs to be done to establish the Medical Reserve Corps and to sustain its growth as a national movement. Your volunteers may have additional skills sets and work experiences that can be utilized in an ongoing way in support of the MRC's overall growth.

Additional Volunteer Activities

- Conducting public health education and awareness campaigns, including organ donation
- Delivering immunizations and outreach to underserved communities
- Supporting mental health and other wellness activities
- Offering free professional training to enlisted volunteers
- Drilling regularly with response partners
- Training other volunteers
- Working with response partners to solicit community resources (funds, equipment, supplies, etc.)
- Working with response partners to establish needed supply stockpiles and other crisis resources
- Utilizing professional expertise, leadership skills, and community standing to petition government and other community leaders on behalf of MRC

Post-Response Debriefing

Sometimes, after a particularly intense engagement or crisis response, our impulse is to return to normal as quickly as possible. This is completely understandable. But many of your volunteers may have been deeply affected—emotionally, mentally, and physically—by their work with the MRC. Following utilization, they may need to debrief, especially if the engagement or crisis was traumatic.

Of course, like many of us, your volunteers may not be inclined to talk, even if it would do them good. It is important to respect their rights to privacy. They may also just need time to process the experience before they are ready to discuss it.

Perhaps the least intrusive way to broach the topic is to conduct debriefing sessions with the stated intention of soliciting feedback from volunteers about their participation in the response. It will be important to determine whether procedures worked as well as

Post-Response Debriefing: Action Steps

- *Always debrief after drills or after actual utilization of your volunteers.*
- *Frame debriefings in terms of soliciting feedback on how to improve the process next time.*
 - ⇒ Respect individual needs for privacy; don't force emotional disclosure. Show your willingness to listen to whatever your volunteers need to say. They'll decide for themselves how much they want to share.
- *As you notice residual tensions or fatigue in your team, comment on it. Find out if there are still conflicts or other unresolved issues still operating.*
- *Refer volunteers who evidence chronic post-traumatic stress responses to professional medical or psychiatric care, just as you would a volunteer who might have injured his or her back in the line of duty.*

anticipated, and whether there were unexpected occurrences that might affect or possibly help future planning efforts. You want to keep your activation procedures on track and at the same time stay in touch with your volunteers' experiences.

While you are soliciting this important information—and also communicating a willingness to receive feedback from volunteers, which can go a long way toward supporting retention—you are also providing an opportunity for other aspects of the experience to be brought forward. Simply listening and acknowledging what you hear is often the perfect response. You don't need to do anything. In fact, an aggressive line of questioning and probing is generally not helpful. If people are given an opportunity to talk and feel no pressure to do so, they are most likely to open up. They will decide for themselves how much they want to reveal.

You will be able to tell if there is a residual tension in your MRC team that needs to be discussed. You'll be able to tell if that tension is affecting a smaller group of volunteers or even certain individuals who may need to be brought in for further discussions. The idea isn't to be running a psychotherapy group. Instead, you want to establish a culture of openness and willingness to hear difficult things with the goal of moving on with the work.

Structure your debriefing sessions in a way that best fits the number of people involved and the complexities of the particular engagement.

Finally, if it becomes clear that a volunteer has become impaired as a consequence of her or his MRC activities—which may show up in the form of post-traumatic symptoms or simply as a decrease in baseline functioning—your first responsibility is to make sure that the volunteer is relieved of duties that might be compromised by the impairment. It is always appropriate to make a referral for more in-depth counseling or other psychiatric support, just as you would refer a volunteer with a broken limb to immediate medical care.

Recognition and Appreciation: Action Steps

- *All volunteer efforts should be recognized and celebrated. How you do it will vary from person to person.*
- *Learn your volunteers' particular needs for recognition and appreciation. Eventually you'll develop a mix of those recognition activities that meet the needs of your unit and the individuals within it.*

Recognition and Appreciation

There is no question that volunteer efforts need to be recognized and celebrated. How you do that will vary a great deal based on the personalities of the individuals in your MRC unit. Some will need more frequent acknowledgement that their contributions make a difference. Others will need explicit recognition even when they find the work satisfying in and of itself. Some volunteers will not respond well to public recognition of themselves as individuals, yet they may appreciate recognition of the group to which they belong—in this case, the MRC unit or team. Regardless of those personal preferences, every effort to achieve public recognition for the work your MRC volunteers have done is always a way to give them additional thanks. In that sense, we come full circle in terms of seeing all public relations activities as also being messages to prospective, or in this case active, volunteers.

Volunteer recognition can run the gamut from purely informal contact with volunteers, one-on-one or in groups, where genuine appreciation and interest are expressed. Or, it can go all the way to more formal recognitions ceremonies in which awards are given out and public statements are made. You will need to choose the mix of volunteer recognition activities that responds best to the needs of your MRC team members.

Advocating for Volunteers

Finally, volunteers will likely increase their level of commitment to the MRC in direct proportion to the level of commitment they see demonstrated by the MRC leadership.

One measure of this commitment is the willingness to take a proactive stance in your community, county, or state with regard to maximizing legal and disability protection for volunteers who are taking on considerable risk in giving their time and expertise to the community. Taking your volunteers' cause to the public forum not only will result in providing them with better working conditions; it is also a concrete sign of the seriousness with which you take their well-being.

As the MRC develops and establishes itself as a presence in your community, other advocacy issues may arise as well and should be pursued for the benefit of your organization.

Advocating for Volunteers: Action Step

- *Take a proactive stance in your community on behalf of your volunteers. It can be one of the most powerful signs of your commitment to their welfare.*

Action Steps Checklist

The checklist of possible “action steps” below follows the basic outline of this particular technical assistance topic. Remember: these are only suggestions. We offer them as a quick reference guide and as something to stimulate your own thinking through some of the complexities you may face in your MRC unit. You may choose to follow a different approach. If so, we hope you’ll share your “best practices” as you go along. We all have a lot to learn.

INTRODUCTION

- Recognize your volunteers as the MRC’s most critical resource. Keep them always in mind and heart as you plan for your MRC’s future.

Optimizing the Volunteer’s Experience

- Consider the volunteer’s entire experience—from first contact to retiring from service with the MRC.
 - ⇒ *What can you do to make every step as positive as possible for that volunteer?*
 - ⇒ *At what points along the way will you need help?*

Planning Your Approach

- With the big picture in mind, be thinking and implementing one step ahead of your volunteers. Be prepared when they’re ready to take the next step.

RECRUITING VOLUNTEERS

- Get the word out—and keep it out there—any way you can.

Who Can Volunteer for the MRC?

- Consider the type of work your MRC will be doing. What kinds of volunteers will you need to accomplish it?
- Consider the makeup of medical and public health professionals in your community. How can you maximize that resource?
- Look at the diverse communities that make up your local area. Consider recruiting volunteers from those communities to strengthen your MRC’s connections and effectiveness.
- When prospective volunteer recruits ask you, “Why should I volunteer?” have some ready answers.
- Be patient and persistent. Sometimes people need to hear your message several times before it sinks in.

Getting the Word Out: Public Awareness and Public Relations

- Remember, every public communication on behalf of your MRC is always an opportunity to attract future volunteers.
- Find local media willing to give free air time or ad space.
- Ask local businesses and organizations to sponsor your message.
- Give talks everywhere you can: local conferences, professional meetings, organizational gatherings, etc.
- Establish ties with local elected officials. Ask them to mention the MRC in their speeches and other public appearances.
- Sell your message to recognized leaders of the volunteer groups you'd like to target.
- Diversify your message to reach different groups.
- Brainstorm strategies for recruitment with everyone who might be of help. There are hundreds of good ideas out there. You'll have some to offer others, too.

INTERVIEWING AND SCREENING PROSPECTIVE VOLUNTEERS

- Establish and maintain clear and honest communication with every volunteer, from start to finish.

The Interview Process

- Develop an application form that is easy to fill out and that gathers all the information you think you'll need.
 - ⇒ *Find out how other MRC units are handling this.*
 - ⇒ *Don't hesitate to use a temporary application form if a more extensive one will take more time to develop.*
- Once completed, check the application with the prospective volunteer either in person or on the phone to make sure all the information is clear and complete. It's easier to do it now than it will be later.
- Explore your prospective volunteer's interest. Don't assume based on the person's background that you know what he or she wants to do for the MRC.
- Find out what your prospective volunteer values and considers important. A volunteer's sense of purpose is an important resource for the MRC.
- Determine a prospect's availability.
 - ⇒ *Different people will have different amounts of time to give. Some may not be available year-round. Others may need to be utilized throughout the year to remain engaged with the MRC.*

- Find out if your volunteer has other obligations that might conflict with serving the MRC.

Screening Applicants

- Consider ahead of time what criteria are necessary for a potential MRC volunteer, as well as the criteria that will screen out an applicant.
 - ⇒ *Ask for help from others in determining these criteria.*
- If a current physical exam is part of the screening criteria, inform applicants. Let them know how often it will need to be updated.
- Consider whether you will be conducting a background check for a history of criminal behavior or of professional malpractice. Get what information you need from the applicant.
 - ⇒ *Find local partners, such as police departments, who can help conduct such checks inexpensively and thoroughly.*
- If you have doubts about an applicant or about your assessment of that applicant, ask for help from professionals in other volunteer organizations or in the human resources departments of local organizations.
- Be prepared to turn away volunteers who will not be appropriate for the MRC.
- If a volunteer isn't a good fit for your MRC, offer referrals to other volunteer opportunities in your community.
- If a volunteer isn't a good fit at this time, but might be in the future, don't hesitate to keep in touch.

Informing Applicants of Risks and Responsibilities

- Let your volunteer prospect know how much time and effort will be expected, as well as his or her likely duties.
- Inform applicants of any dangers associated with their MRC volunteer work, especially as those relate to legal liability (if someone is harmed by the volunteer) and to the risks associated with disability for the volunteer.
- Explain clearly and thoroughly any legal or workers compensation protections that may or may not be available to cover individuals while volunteering for the MRC.
- Remember, screening and interviewing is a two-way process that is important as much to the volunteer as to the MRC. Make sure the prospect has all the information he or she may need to make an informed decision.

Verifying an Applicant's Credentials and References

- Follow up with both personal and professional references for your prospective volunteer. Take note of where your impressions coincide with or diverge from the feedback you receive.

- Be sure to collect copies of all necessary documentation (current licenses, certifications, degrees, etc.) that pertain to the applicant's potential future work for the MRC.
- If possible, partner with local organizations that can conduct such "credentialing" checks (especially for medical volunteers) in a cost-effective and thorough manner.

TRAINING AND QUALIFYING VOLUNTEERS

- Develop a complete list of qualifications required for each type of volunteer activity. Solicit input from response partners, professional organizations, and legal experts.
- Give your volunteers the training they need to be effective. Help close the gap between existing capabilities and those required for MRC utilization.

Training for Readiness

- Determine the particular activities each volunteer will be doing. Tailor that volunteer's training plan based on those activities and on the volunteer's existing skills.
- To the extent possible, standardize training for all volunteers. But don't let the appeal of standardization interfere with the necessities of specialized or even customized training.
- Design your training curriculum based on local needs for utilization.
- Seek out local resources for training. Your response partners may already have access to such resources and may be willing and able to include your MRC volunteers at little or no additional cost.
- As a way to retain more experienced and committed volunteers, consider having them offer training to new volunteer recruits.

Drilling With Response Partners

- Find out how your MRC volunteers can participate in table-top exercises, drills, and other practice experiences with local response partners.
- When possible, have MRC volunteers role-play their eventual duties.
 - ⇒ *By offering to role-play emergency victims or health clients, medical and health volunteers can offer important feedback to other responders.*
- Always follow drills with debriefing and additional training as needed.

Promoting Volunteer Safety

- Volunteer training must include a thorough understanding of your MRC's policies and procedures. This is critical to reducing the risk of harm and possible liability.

- Require volunteers to undergo periodic physical exams as appropriate to their MRC duties.
- Make sure volunteers have current immunizations, especially when working in public health settings or assignments.

Qualifying Your MRC Volunteers

- Once a volunteer has completed all required training in order to participate as a volunteer, keep records in a way that can be easily accessed.
- Develop procedures with your response partners so that in the event of an emergency or other public health response situation, your volunteer's qualifications—training, required credentialing, legal restrictions on practice, scope of volunteer's duties, etc.—can be quickly checked and verified for efficient planning and utilization of that volunteer.

Spontaneous Volunteers and Volunteer Convergence

- Develop a plan with your response partners for using spontaneous volunteers who will almost certainly “converge” on the scene of an emergency or other response situation.
- Be clear about what duties such spontaneous volunteers can perform and which ones fall outside the scope of your MRC or outside the limits of local legal protections.
- Remember, contact with spontaneous volunteers is a possible first step toward recruitment and more thorough training for the next time they might be needed.

RETAINING VOLUNTEERS

- Look out for the welfare of your volunteers. They represent a considerable investment of time and effort.

Serving a Satisfying Purpose

- Utilize your volunteers in a manner that brings them satisfaction.
- Remember, satisfaction will differ from person to person. Don't over- or underutilize individual volunteers. Find out what amount of involvement is right for them.
- For volunteers who need to stay busy, consider the many routine, typically public health-related activities that would also benefit your community.

Post-Response Debriefing

- Always debrief after drills or after actual utilization of your volunteers.
- Frame debriefings in terms of soliciting feedback on how to improve the process next time.

⇒ *Respect individual needs for privacy; don't force emotional disclosure. Show your willingness to listen to whatever your volunteers need to say. They'll decide for themselves how much they want to share.*

- As you notice residual tensions or fatigue in your team, comment on it. Find out if there are still conflicts or other unresolved issues still operating.
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