

Public Health Volunteer Management Recommendations

- Utilizing Volunteers in a Public Health Setting -





Missouri Department of Health and Senior Services' Public Health Volunteer Management Recommendations

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Missouri Department of Health and Senior Services Volunteer Management Recommendations

Foreword:

The Missouri Department of Health and Senior Services (MDHSS) along with the Center for Emergency Response and Terrorism (CERT) have been tasked by the Centers for Disease Control and Prevention (CDC) to assist local public health agencies (LPHA) in preparation for and response to public health emergencies. A component of this preparation involves recruiting, training and managing volunteers to work in mass medication/vaccination-dispensing sites (PODs). The following comprehensive volunteer management recommendations are minimum recommendations to the LPHA from MDHSS. The LPHA is encouraged to expand these recommendations to fit the specific needs of the local organization.

Vision:

A seamless statewide system, for managing public health volunteers, that is well integrated with other volunteer networks with common, consistent training that can be utilized for all-hazard events.

Mission:

To develop the infrastructure of policy, procedure, database and training for an integrated local and state public health volunteer system.

Volunteer Management Recommendations

1.1 Overall Recommendation on Utilization of Volunteers

The LPHA can utilize volunteers during emergency and non-emergency times. In the event of a public health emergency, volunteers may be used to support the health department in mass medication dispensing sites. To achieve this goal, community volunteers, as well as community partners, will be needed to set up, operate and break down mass medication dispensing sites. Volunteers may also be used for other duties during non-emergency times. The LPHA should encourage volunteers to participate in roles the agency deems necessary and acceptable. All LPHA staff are encouraged to assist in the development of volunteer job descriptions and contribute to volunteer recruitment activities.

1.2 Purpose of Volunteer Recommendations

The purpose of the following volunteer recommendations is to create a consistent set of guidelines for Missouri LPHAs. These recommendations may act as guidance for any LPHA staff associated with volunteer recruitment, training and/or management. These recommendations serve as guidelines, and MDHSS reserves the right to update and/or change any recommended guideline at any time. These guidelines do not serve as a binding contract between MDHSS and the LPHA.

1.3 Scope of Volunteer Recommendations

Unless specifically stated, these guidelines apply to all non-elected volunteers in all programs and projects undertaken on behalf of the LPHA, and to all departments and sites of the LPHA.

1.4 Role of the Volunteer Manager

The productive utilization of volunteers requires a planned and organized effort, particularly in an emergency. The function of the volunteer manager is to provide a central point of coordination for all volunteers assisting the LPHA. Each LPHA should designate a volunteer manager for the local agency, which may be a paid or unpaid position. The volunteer manager may also coordinate staff and volunteers together in order to better respond to public health emergencies and other pertinent situations. The volunteer manager may also deem it necessary to participate and become involved in volunteer management with other volunteer agencies in the local area. This volunteer manager may also be responsible for defining volunteer roles and responsibilities for the LPHA, as well as recruiting suitable volunteers, tracking and evaluating the contribution of volunteers to the LPHA.

1.5 Definition of a Public Health Volunteer

A 'public health volunteer' is anyone who without compensation or expectation of compensation beyond reimbursement for actual expenses performs a task at the direction of and on behalf of the LPHA. A 'public health volunteer' must be officially accepted and enrolled by the public health agency prior to performance of the task.

1.6 Criteria for a Public Health Volunteer (non-compensated)

- Anyone who can perform the task on behalf of the agency
- Submit to additional screening, e.g. background check, references
- Volunteers, who are under the age of 18, must provide written consent from legal guardian
- Work in non-hazardous environment and comply with child labor laws
- May be asked to submit to a medical screening and/or may be asked to take vaccination/inoculation/medication if recommended and warranted
- Sign waiver to hold LPHA and other participating agencies harmless
- May resign at anytime
- Provides agency with list of specific types of work experience, (clerical, licensed medical professional) and works only within their scope of work as outlined by job description
- May be a medical or non-medical professional
- Understands there are grounds for dismissal (**refer to Section 2.0**)

1.7 Agency Staff as Volunteers

- Unpaid for volunteer work
- They volunteer outside their normal work hours
- Volunteer duties are not part of their employer (public health agency) job expectations (outside scope of their normal staff duties for their employer)
- Not coerced by employer to volunteer

1.8 Volunteer Procedures:

(Each LPHA should document each stage of the application process using the supplemental forms attached.)

Volunteer records are essentially personnel records. Therefore, all LPHA policies pertaining to the maintenance of personnel records shall be applied to all volunteer records.

- Application: All individuals wishing to be a local public health volunteer must fill out an application prior to volunteering.
- Background checks: All individuals wishing to be a local public health volunteer must be willing to submit to a background check. It is minimally required to check all public health volunteers in the following free of charge databases:
<http://www.courts.mo.gov/casenet/base/welcome.do>
<http://pr.mo.gov>

<http://www.dhss.mo.gov/EDL/>

It is recommended that each LPHA compare incoming volunteers to the Sex Offender Registry. The Sex Offender Registry can be obtained from www.mshp.dps.gov.

It is also recommended that the volunteers be checked using MDHSS Family Care Registry. If individuals are already listed in the registry, there will be no cost associated with the check. If individuals are not already listed in the Family Care Registry, it will cost \$9 per volunteer to add them to the list. It is up to the LPHA to decide if those actions are needed. For more information about the Family Care Registry, go to:

<http://www.dhss.mo.gov/FCSR/AboutRegistry.html>.

To find out if a potential volunteer is already registered, go to:

<https://webapp03.dhss.mo.gov/fcsrnet/SearchForm.aspx>.

- Interview: All individuals wishing to be a local public health volunteer must complete an interview with the LPHA volunteer manager or other designee. (*Use the attached Interview Sheet and Interview Tip Sheet for guidance.*)
- Confidentiality: All public health volunteers must sign the same confidentiality statement and complete the same confidentiality training that the LPHA requires of paid staff. This training must address appropriate uses and disclosure of Protected Health Information, policies and procedures implemented by the LPHA to prevent inappropriate uses and disclosures of Protected Health Information by its workforce, and any other safeguards necessary to prevent the inappropriate use or disclosure of Protected Health Information.
- Placement: This portion of the volunteer application process will be conducted along with the interview. This is to determine what skills the volunteer has and where the volunteer will be able to be the most useful to the organization. Each LPHA should have a list of all possible jobs and job descriptions for volunteers during emergency and non-emergency times. (*Use the attached Volunteer Placement Form.*)
- Training and Competencies: All individuals wishing to be a local public health volunteer must be willing to complete all required program sanctioned training. Training modules are arranged in Tier levels. Tier 1 is orientation level training required for all public health volunteers. Tier 2 training contains more advanced hands-on knowledge for operational level. Tier 3 and 4 trainings are designed for volunteers who will assume supervisory or management level roles. Each volunteer will be required to attend refresher courses every two years. (Training requirements for spontaneous volunteers is being development.)
- Evaluation and Debriefing: All local public health volunteers will be able to attend an evaluation process, similar to the employee evaluation process used by LPHAs. Each process of the evaluation will be dependent upon the individual LPHA's process for handling employee evaluations. The evaluation process is pertinent for those volunteers who are used by the LPHA on a regular basis. (*Use the attached Evaluation Sheet for guidance.*)
A debriefing will be required for all volunteers assisting the LPHA during public health emergency situations.

1.9 Disqualification of Volunteers

MDHSS and/or the LPHA reserves the right to deny an individual the opportunity to be a local public health volunteer if the volunteer is found to misrepresent him/herself during the application process, as well as if the individual has a class A or B felony violation of 565.566 or 569, RSMo or any violation of Subsection 3 of Section 198.070, RSMo or Section 568.020, RSMo. These chapters include the offenses against the person; sexual offenses; robbery, arson, burglary, and related offenses; and failure of mandated reporters to make a report of abuse occurring in a DHSS licensed facility.

2.0 Nondiscrimination

MDHSS' volunteer program does not discriminate against any individual because of race, national origin, color, religion, sex, age, physical or mental handicap, sensory disabilities or veteran status.

2.1 Dismissal of Public Health Volunteers

It is crucial that each LPHA keep accurate, up to date documentation of every volunteer, including but not limited to volunteer applications, evaluations, warnings and change of job. It is the responsibility of the LPHA to work with the volunteer to find the job that best fits the volunteer's skills, abilities and personality. If a volunteer is not meeting expectations for a specific job, the LPHA should give the volunteer the opportunity to work in another capacity. It should be determined by the LPHA how many warnings the volunteer will receive before reaching grounds for dismissal. Dismissal should only occur after reviewing the volunteer's personnel file and all documentation of disruptions.

2.2 Health and Safety of Volunteers

When utilizing volunteers during non-emergency times and situations, the LPHA cannot make vaccination a requirement for volunteering unless the LPHA is willing to provide the volunteer with the required vaccination. Basic recommended vaccinations include Influenza, Hepatitis B, Measles, Mumps and Rubella (MMR), Tetanus, and Chickenpox.

<http://www.cdc.gov/nip/publications/default.htm#healthcare>

In an emergency or disaster situation, the LPHA must provide proper medication/vaccination to all volunteers, as they would current employees, based on recommendations from CDC.

All volunteers must be equipped with proper personal protective equipment (PPE) as appropriate for the situation in which the volunteer is participating. The LPHA must follow Occupational Safety and Health Administration (OSHA) guidelines for volunteer safety (per task). It is recommended that the LPHA consult with infection control regarding questions as to the volunteer's safety and any needed safety precautions.

Each LPHA must develop a procedure for handling volunteers who have been exposed to hazards while fulfilling their volunteer duties on behalf of the LPHA.

2.3 Call Down Procedures for Volunteers

Each LPHA should develop a call-down tree for all volunteers. It should be decided in advance where all affiliated volunteers should report for duty, including a back up site. Each LPHA should also establish an after hours contact list for critical volunteer partners, including but not limited to the American Red Cross and the Salvation Army.

LPHAs should also be able to deploy volunteers by means of public service announcements. It is encouraged that each LPHA work with the Regional Public Information Officers to craft messages for volunteers and develop a means to distribute those messages during emergency times. It is imperative that all messages are consistent and backup methods for contacting volunteers are established.

2.4 Donations Management

It is recommended that LPHAs avoid acceptance of donations consisting of medication, medical supplies, food and/or other items that might be given to the health department by private entities (excluding the SNS) during a disaster. Instead, the LPHA should work collaboratively with the county emergency management director (EMD), American Red Cross, Salvation Army, and/or other organization lined out by the county's emergency response plan for donations management.

Public Health Volunteer Application

Last Name	First Name	Middle Name	
Home Address	City	State	Zip Code
Home Phone	Cell Phone	E-mail	
Business Address	Business City/State/Zip		Business Phone
Volunteer Experience: Please list volunteer experience, starting with the most recent.			
Organization Name	Address	Phone	
Organization Name	Address	Phone	
Organization Name	Address	Phone	
Work Experience: Please list paid work experience, starting with the most recent.			
Organization Name	Address	Phone	
Organization Name	Address	Phone	
Current License(s)/Certifications (Please include driver's license)			
Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:
Education and Training: Begin with the most recent.			
Institution Name	City/State	Degree/Major	Date Attended
Fluent Language Skills:			
<input type="checkbox"/> American Sign	<input type="checkbox"/> Albanian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Armenian
<input type="checkbox"/> Bengali	<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Czech
<input type="checkbox"/> Danish	<input type="checkbox"/> Dutch	<input type="checkbox"/> English	<input type="checkbox"/> Farsi
<input type="checkbox"/> Finnish	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Greek
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Hindi	<input type="checkbox"/> Hungarian

Public Health Volunteer Application

<input type="checkbox"/> Indonesia	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Khmer
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Malayalam	<input type="checkbox"/> Norwegian
<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Romanian
<input type="checkbox"/> Russian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Serbo-Croatian	<input type="checkbox"/> Somali
<input type="checkbox"/> Spanish	<input type="checkbox"/> Swahili	<input type="checkbox"/> Swedish	<input type="checkbox"/> Tagalong
<input type="checkbox"/> Tamil	<input type="checkbox"/> Thai	<input type="checkbox"/> Tigrinia	<input type="checkbox"/> Turkish
<input type="checkbox"/> Twi	<input type="checkbox"/> Ukranian	<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese
Geographic availability: Check the boxes for places you would be willing to volunteer.			
<input type="checkbox"/> My county only	<input type="checkbox"/> Multiple Counties List:	<input type="checkbox"/> State-wide	
Level of participation: Select the level of participation you prefer.			
<input type="checkbox"/> All the time	<input type="checkbox"/> Training	<input type="checkbox"/> Disaster Only	<input type="checkbox"/> I'll call you
Availability: For daily and/or training participation			
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
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<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
Emergency Contact Information			
Name	Relationship	Address	Phone
Personal Information: A "yes" or "no" answer to the following questions will not necessarily disqualify any applicant from becoming a local public health volunteer.			
Are you licensed to operate a motor vehicle in this state?			Yes
			No
Has your license to operate a motor vehicle ever been revoked? If yes, please explain.			Yes
			No
Have you ever been bonded?			Yes
Has your bonding ever been revoked? If yes, please explain.			Yes
			No
			Office use only
Have you ever been convicted of a felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment? If yes, please explain.			Yes
			No
			Office use only
Volunteer Affiliations: Please list volunteer organizations you are currently associated with:			

Public Health Volunteer Application

Volunteer Consent

I verify that all information, provided in the Public Health Volunteer Application, is accurate to the best of my knowledge.

I give the local public health agency (LPHA) permission to inquire into my character references, licensures, and employment and/or volunteer history. I also give the holder, of any such information, permission to release it to the LPHA.

I hold the LPHA harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above named agency. I understand that the LPHA will use this information only as part of its verification of my volunteer application.

I hold the LPHA harmless of any liability that I might incur during the process of my duties. I understand that I am volunteering on my own behalf and agree to operate within the scope of my responsibilities, be properly trained, and be licensed and certified by the appropriate agencies (if required). I will not be guilty of any willful or criminal misconduct, gross negligence or reckless misconduct in the course of my duties as a public health volunteer.

Name—please print

Social Security Number

Signature

Date

Witness

Date

Parental Consent

I verify that I am the above named individual's legal guardian, and he/she is under the age of 18. I, as the legal guardian, give the above named individual my permission to volunteer with the local public health department. I release the local public health department, and any individual and/or organization associated with the local public health department, of any liability the above named individual may incur. I understand that he/she is volunteering at his/her own risk.

Name of legal guardian

Social Security Number

Signature of legal guardian

Date

Witness

Date

Public Health Volunteer Placement Form

Please print clearly. (Submit with volunteer application)

Name: _____ Volunteer Position applying for: _____

Are there special accommodations you require in order to fulfill your volunteer role?: _____

Licenses/skills: Please check all that apply

<p>MEDICAL</p> <p>_____ Physician License #: _____</p> <p>_____ RN License #: _____</p> <p>_____ LPN License #: _____</p> <p>_____ Nurse Practitioner License #: _____</p> <p>_____ Certified Nurses Asst. License #: _____</p> <p>_____ Pharmacist License #: _____</p> <p>_____ Mental Health Profess. License #: _____</p> <p>_____ Veterinarian License #: _____</p> <p>_____ Social Worker License #: _____</p> <p>_____ EMT License #: _____</p> <p>_____ Paramedic License #: _____</p> <p>_____ Medical Examiner License #: _____</p> <p>_____ Mortician/Coroner License #: _____</p> <p>_____ CPR/First Aid/AED License #: _____</p> <p>_____ Health Educator (CHES) License #: _____</p> <p>_____ Mental Health/Spiritual Counseling</p>	<p>COMMUNICATIONS</p> <p>_____ CB or HAM Operator</p> <p>_____ Hotline Operator</p> <p>SUPPORT</p> <p>_____ Clerical – filing, copying</p> <p>_____ Data entry Software: _____</p> <p>_____ Phone receptionist</p> <p>_____ Food</p> <p>_____ Elderly/disabled asst.</p> <p>_____ Childcare</p> <p>_____ Spiritual counseling</p> <p>_____ Social Work</p> <p>_____ Search and Rescue</p> <p>_____ Auto repair/towing</p> <p>_____ Teacher License #: _____</p> <p>_____ Traffic control</p> <p>_____ Crime Watch</p> <p>_____ Animal rescue</p> <p>_____ Runner</p> <p>STRUCTURAL</p> <p>_____ Damage Assessment</p> <p>_____ Construction Cert. #: _____</p> <p>_____ Plumbing Cert. #: _____</p> <p>_____ Electrical Cert. #: _____</p> <p>_____ Roofing Cert. #: _____</p>	<p>TRANSPORTATION</p> <p>_____ Car</p> <p>_____ Station wagon/mini van</p> <p>_____ Maxi-van, capacity: _____</p> <p>_____ ATV</p> <p>_____ Own off-road veh/4wd</p> <p>_____ Own truck, description: _____</p> <p>_____ Own boat, capacity: _____ Type: _____</p> <p>_____ Commercial driver Class & License #: _____</p> <p>_____ Camper/RV, capacity: _____ Type: _____</p> <p>LABOR</p> <p>_____ Loading/shipping</p> <p>_____ Sorting/packing</p> <p>_____ Clean-up</p> <p>_____ Operate equipment Types: _____</p> <p>_____ Supervisory experience</p> <p>EQUIPMENT</p> <p>_____ Backhoe</p> <p>_____ Chainsaw</p> <p>_____ Generator</p> <p>_____ Other: _____</p>
---	--	---

Special skills: _____

Vocational training: _____

Disaster training: _____

Signature of volunteer _____ Date ____/____/____

This box is to be completed by the public health agency.

Interviewed by: _____ Additional notes on back: Yes No

Volunteer Interview Tip Sheet

One of the most important responsibilities of a public health volunteer coordinator is the assessment process of the prospective volunteer prior to placement in a public health position. A key component of this assessment process is the interview. The purpose of an interview is to determine the volunteer's qualifications, assess the volunteer's commitment level and answer questions regarding the agency's expectations of the volunteer.

An effective interview will accomplish the following goals:

- *Assess the applicant's abilities, skills and motivation for serving as a public health volunteer*
- *Determine the volunteer's understanding and acceptance of public health's mission*
- *Provide an opportunity to review and discuss the position description*
- *Encourage the prospective volunteer to ask questions and to express concerns*
- *Determine if the applicant has a conflict of interest that prevents being assigned to a public health duty*
- *Provide the first step toward the volunteer orientation process*
- *Provide a referral to another agency if there is not a good "fit"*

The interviewer should have detailed information on the volunteer process, such as determined questions, tracking forms, completed applications and resumes as appropriate. This information should be reviewed prior to the interview. Applications completed before the interview can help give the interviewer prospective into the volunteer's experience and can help to formulate follow-up questions.

There are a number of questions that are illegal to ask during an interview:

- *Race, national origin, or birthplace*
- *Age, height, or weight*
- *Marital status*
- *Child care arrangements or pregnancy*
- *Religious affiliation*
- *Arrest record*
- *Military discharge*
- *Credit card information or home ownership*
- *Length of community residency*
- *Personal health (regardless if the applicant has indicated that they require special accommodations)*
- *English language skill*

In general, it's best to ask questions that relate directly to the applicant's ability to perform the task being interviewed for.

Public Health Volunteer Interview Form

Date:	Interviewer:
Volunteer's Name:	Phone number:
1. Why do you want to be a public health volunteer?	
2. Tell me how your past volunteer, work, or personal experience will help you perform this function?	
3. Do you prefer to work alone or in a group, and why?	
4. Describe your ideal working environment:	
5. Tell me what you expect from someone who supervises you:	
6. Why do you feel you're a good match for this organization?	
7. Do you have any questions about the requirements and responsibilities of this organization?	
8. How do you deal with stress?	

Public Health Volunteer Interview Assessment Form

Characteristic/Attribute	Yes/No	Need more information
Motivated to work with others		
Has good people skills		
Has an ability to listen		
Has counseling experience		
Has clerical experience		
Knows computers		
Has experience working with seniors		
Has experience working with special needs populations		
Has experience working with people with disabilities		
Has experience working in education		
Has experience in trouble shooting and problem solving		
Has ability to explain complex information in simple terms		
Has an ability to write clearly		

I am excited about this candidate because:

I have concerns about this candidate because:

This person would be a good candidate for:

This person can provide _____ hours per week.

This person can participate in our next orientation session on: _____

Public Health Volunteer Performance Evaluation

Instructions:

The six-page public health volunteer performance evaluation form is to be used by the LPHA to evaluate the work performance of their volunteers. The evaluation is based on job skill and situation. Each section has an evaluation scale. The supervisor should use the scale to rate the volunteer's performance. The volunteer may be ranked at any point along the scale using the following criteria:

- 5 Volunteer outstandingly surpassed job expectations
- 4 Volunteer exceeded job expectations
- 3 Volunteer met job expectations
- 2 Volunteer met some job expectations
- 1 Volunteer significantly failed to meet job expectations

If the volunteer ranks below a 3, the supervisor should document whether the issue has been addressed in the past and what measures were made to handle the situation, along with what measures were being taken during the current evaluation.

The supervisor should provide additional comments in the space provided.

The supervisor and the volunteer should complete the public health volunteer performance evaluation together. The first part of the evaluation is to be completed by the supervisor. The second part of the evaluation is to be completed by the volunteer. The evaluation process is a tool to help the supervisor and volunteer explore how the volunteer can continue to meet and improve the volunteer experience.

Public Health Volunteer Performance Evaluation

Pages 2-5 are to be completed by the supervisor.

QUALITY OF WORK: Rate the volunteer based on the thoroughness, accuracy and neatness of work. Please include the ability to follow directions.

1	2	3	4	5

Comments: _____

PRODUCTIVITY: Rate the volunteer based on volume of work accomplished based on specific tasks assigned to related jobs.

1	2	3	4	5

Comments: _____

PLANNING/ORGANIZATION: Rate the volunteer's organizational skills. Include the ability to complete assigned tasks in a realistic amount of time, as well as being able to prioritize.

1	2	3	4	5

Comments: _____

DECISION MAKING/PROBLEM SOLVING: Rate the volunteer on his/her ability to identify problems and resolve them quickly and in an appropriate manner.

1	2	3	4	5

Comments: _____

Public Health Volunteer Performance Evaluation

CUSTOMER SERVICE: Rate the volunteer based on the ability to provide customer services in a friendly, professional and knowledgeable manner, both internally and externally.

1	2	3	4	5
---	---	---	---	---

Comments: _____

ATTITUDE: Rate the volunteer based on his/her ability to provide a positive attitude to those around him/her.

1	2	3	4	5
---	---	---	---	---

Comments: _____

INNOVATION: Rate the volunteer based on the ability to provide creative solutions and/or improve morale, efficiency, problem solving, and/or quality of service. Include how the volunteer deals with changes and willingness to try new ideas.

1	2	3	4	5
---	---	---	---	---

Comments: _____

COMMUNICATION SKILLS: Rate the volunteer based on his/her ability to communicate with others both written and orally. Include the use of tones, gestures, and body language appropriate to situations and audiences.

1	2	3	4	5
---	---	---	---	---

Comments: _____

Public Health Volunteer Performance Evaluation

SAFETY AWARENESS: Rate the volunteer based on the knowledge of safety rules and the ability to recognize a cautious/hazardous situation.

1	2	3	4	5
---	---	---	---	---

Comments: _____

ATTENDANCE: Rate the volunteer based on promptness and/or unauthorized leave.

1	2	3	4	5
---	---	---	---	---

Comments: _____

APPEARANCE: Rate the volunteer based on the appropriateness of his/her attire.

1	2	3	4	5
---	---	---	---	---

Comments: _____

Public Health Volunteer Performance Evaluation

Volunteer Signature

Date

Supervisor Signature

Date

Volunteer Coordinator Signature

Date

The above signatures mean that the volunteer, supervisor and volunteer coordinator have read all of the previous comments and are working together to create a successful upcoming year for the local public health agency and the volunteer.

Media Re-Direct Card Instructions

The purpose of the media re-direct card is to assist the volunteer and/or staff worker in directing media inquiries and personnel to the public health agency's appointed point of contact for public information messages, which will assure consistency in messaging.

It is suggested that the media re-direct cards be printed, laminated, and given, prior to duty, to all volunteers and/or staff conducting emergency response activities on behalf of the public health agency.

Media Release and Consent Form

Consent to Release Names, Photographs and Audiovisual Recordings

I (We) _____, the undersigned, give consent to the local public health agency (LPHA) for the use of my (our) names(s), photographs and/or audiovisual recordings in publicity and news released to the media with regard to services rendered by the LPHA.

In connection with the foregoing, I hereby release the LPHA and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above release.

_____ Name (Printed)

_____ Signature

_____ City, State, Zip Code

_____ Date

Minor's Release:

I, the undersigned, hereby warrant that I am the _____ of _____, a minor, and have full authority to authorize the above release which I have read and approved.

_____ Signature of Parent or Guardian

This project was made possible through funding from the Centers for Disease Control and Prevention's Public Health Emergency Preparedness Grant CCU716971-07.

For more information contact:
Missouri Department of Health and Senior Services
Center for Local Public Health Services
P.O. Box 570
Jefferson City, MO 65102-0570
Phone: 573-751-6170
Fax: 573-751-5350
www.dhss.mo.gov

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis