

WELCOME...

...to the Kewaunee County Emergency Management department!

We appreciate your response to the need for volunteer services in Kewaunee County. Confidentiality, dependability, loyalty, dedication and professionalism are the by-words under which Emergency Management operates. We ask that you accept these qualities as your own, and respect the confidentiality of all information gained through your work. This means not only outside the department but also within. Any information contained in the records or received by personal communication should not be divulged to personnel outside of the unit to which you are assigned. We understand that your time is valuable, and if at any time, you feel that your volunteer duties are not satisfactory, please let either the Volunteer Coordinator, or the Emergency Management Director know.

At the end of your commitment, please let us know of your intent to resign. We will ask that you fill out a confidential survey and return it with your identification card.

Please read the remainder of this booklet and refer to it as needed. You are responsible for knowing the information it contains. If you have any questions, do not hesitate to ask.

Thank you for choosing to volunteer with the Kewaunee County Emergency Management Department!

Sincerely,

Lori Hucek, Kewaunee County Emergency Management Director
Laura Gallenberger, Kewaunee County Volunteer Coordinator

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Volunteer Handbook



Mission

The mission of the Citizen Corps of Kewaunee County is to strengthen our community's ability to prevent, respond to, and recover from emergencies and disasters. This will be accomplished through education and training of the members of the community by establishing a volunteer network.

Goals

The Citizen Corps of Kewaunee County will:

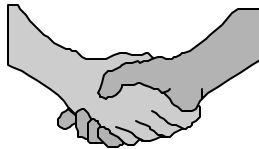
- Coordinate ongoing preparedness initiatives
- Supplement existing resources
- Publicize new activities and training opportunities
- Recognize the support of community leaders and private and public entities
- Seek out new partnerships and support with area businesses and non-traditional response partners in the form of funding and in-kind donations, publicity and volunteers.

Programs

Citizen Corps of Kewaunee County will include Volunteers in Police Service (VIPS) Community Emergency Response Team (CERT), and Neighborhood Watch.

Governance

Kewaunee County Emergency Management will serve as the coordinating agency for the Citizen Corps of Kewaunee County. The CCKC leadership council contains representatives from first responder agencies, businesses and program leaders. The Volunteer Coordinator reports directly to the Emergency Management Director.



Policies and Procedures

Application Process

All residents of Kewaunee County who are at least 16 years of age, who wish to serve as a volunteer for Kewaunee County will complete an application. Volunteers will then be screened with a criminal background check, and personal reference check. At the time of application, volunteers must also sign the Code of Conduct and Confidentiality Statement, and fill out the Emergency Contact Information card and the Contacting Volunteers for Activation card.

ID CARDS

Volunteers will be issued an ID card. This must be worn at all times when volunteering - and ONLY while volunteering. If you lose your ID card, please notify your supervisor or the volunteer coordinator as soon as possible. When you decide to resign as a volunteer, you will be expected to return your ID.

CONCEALED WEAPONS

Volunteers are not to carry weapons within any facility or when acting in a volunteer capacity even if a concealed weapons permit was applied for and received.

JOB DESCRIPTIONS

Volunteer positions will have, when possible, clear, concise written, job descriptions, or when not possible, a clear understanding of the work they are to do. They will be given the opportunity to ask questions about the assignment, and at all times, will know who is their direct supervisor.

Volunteers will receive the training and supervision necessary to handle the job and work together with staff to provide meaningful and rewarding experiences for the public and the volunteers.

Periodically the Volunteer Office will notify you of training available through the Emergency Management department. It is recommended that volunteers participate in these training opportunities. It will give you more familiarity with the operations and opportunities with Emergency Management and other county agencies. If you feel there is a particular training or education session you would like, please inform the Emergency Management Director, or the Volunteer Coordinator.

Recording your Time

The time you give to our Department is valuable to us. As part of your orientation with your team leader, you will be given a Volunteer Log-In/Out. Using this Sheet you will indicate the date, time and number of hours (to closest quarter hour segment) each time you work. Your team leader will see that these Log In/Out sheets are given to the volunteer coordinator, who will compile your hours.

UNDER NO CIRCUMSTANCES ARE VOLUNTEERS TO SELF-DEPLOY TO AN EMERGENCY!

Recognition for your contribution

Each year the time that a volunteer contributes is compiled, and an appreciation event will be held to recognize levels of volunteer service. Levels are based on hours spent volunteering.

By definition, a volunteer may not receive any monetary compensation for their services. Items given in appreciation and recognition are not of significant monetary value.



VEHICLE USAGE



Volunteers who are required to drive a county-owned vehicle, their own vehicle or the vehicle of a third party must: 1) possess a valid driver's license; 2) possess liability insurance coverage on their vehicle which meets the minimum requirements set forth by law and 3) have a record that is free of moving violations for the past 2 years.

VOLUNTEER LIABILITY

Volunteers will be covered for liability purposes by the agency requesting their assistance, during the time in which they are signed in. Per Wisconsin state statute, during a declared state of emergency, volunteers will not be liable for death of or injury to any person or damage to any property caused by his or her actions, except where the trier of fact finds that the person acted intentionally or with gross negligence. Volunteers must be acting within the scope of their training, and must be acting in good faith.

SEXUAL HARASSMENT/ DISCRIMINATION

It is the policy of Kewaunee County to maintain a working environment that is free from all forms of discrimination, including sexual harassment. Per Kewaunee County policy and state and federal laws, it is illegal for any employee, male or female, to sexually harass. Sexual harassment and discrimination are viewed as serious issues and will not be tolerated.

If you feel you are being harassed or discriminated against, follow the procedures listed below:

1. If you are comfortable doing so, talk with the person you feel is doing the harassment or discrimination, letting the person know that his/her behavior is unacceptable to you.
2. If you are not comfortable talking with the person, discuss the situation with your team leader.
3. If you feel the situation is not remedied, talk with the Emergency Management Director at 487-5257

No otherwise qualified person shall be excluded from volunteering on the basis of race, creed, color, national origin, ancestry, age, gender, disability, arrest conviction records, sexual orientation, marital status, or membership in the military reserve.

AFTER AN EMERGENCY

Following an emergency volunteer experience, volunteers will be required to fill out an anonymous evaluation of their volunteer activation. In addition, they may be required to attend a debriefing session if the event involved a traumatic experience on the part of the volunteer or the people served.

Incident Command System – Overview

The Incident Command System (ICS)

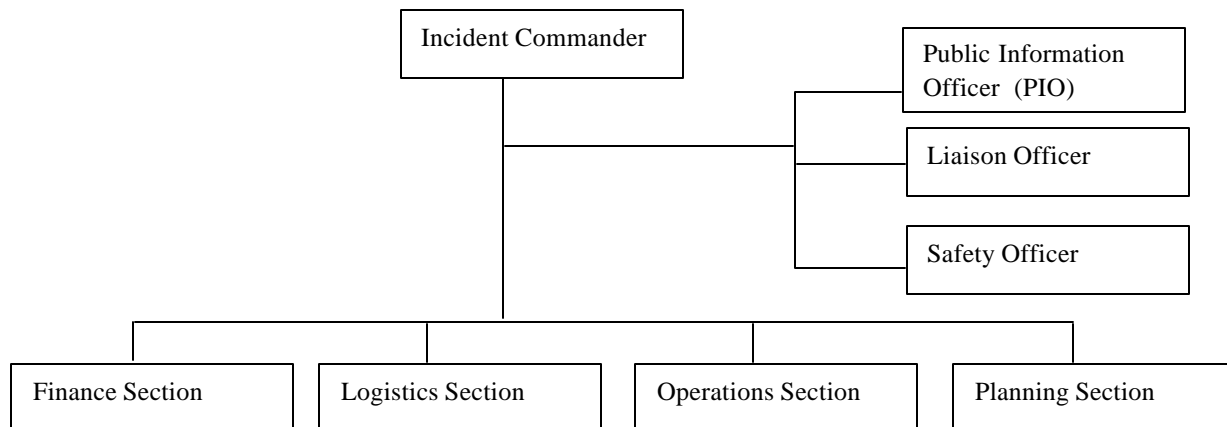
- Is a standardized, on-scene, all-hazard incident management concept.
- Allows its users to meld into an organizational structure to match the complexities and demands of large or small incidents without being hindered by jurisdictional boundaries.
- Is cost effective by avoiding duplication of efforts

Using management best practices, ICS helps to ensure:

- The safety of responders and others.
- The achievement of tactical objectives.
- The efficient use of resources

Basic features of the Incident Command System (ICS), include:

- Common terminology- no codes
- Modular organization- people are put into groups to work on one objective
- Reliance on an Incident Action Plan (IAP) – this plan defines the objectives, and determines who and how they will be accomplished
- Chain of command – each person only reports to one supervisor
- Manageable span of control: 3-7 people per supervisor
- Unified Command – if the incident involves more than one agency, or jurisdiction



Incident Commander – In Charge – The person who is in this position changes as the situation changes, and as shifts change, but there is always someone in this role.

Public Information Officer – Assures that communication to public is accurate, timely, etc. Coordinates with the PIO that is in the Emergency Operations Center (EOC)

Liaison Officer – Coordinates between agencies

Safety Officer – Assures health and welfare of responders and the public

Finance Section – Tracks costs, reimbursement and accounting

Logistics – Provides the facilities, services, materials, personnel, support and care of responders

Operations – Carries out the activities, directs and coordinates all operations, assists IC in developing goals

Planning – Collection, evaluation, dissemination and use of information about incident, and status of resources

Volunteers in Emergency and Disaster Response

Code of Conduct and Confidentiality Statement

Code of Conduct: The purpose of this code is to establish standards of conduct for all volunteers by identifying those acts or actions that are compatible with the best interest of the individuals served by this agency.

- I will treat all individuals served by this agency with the same care and compassion.
- I will not accept either directly or indirectly, any gift, gratuity, or anything of value from people served by this agency.
- I will not discuss controversial topics such as, religious beliefs, political views, nor offer medical or legal advice outside of my role.
- I will not report for duty while having any measurable amounts of alcohol, intoxicant or controlled substance, nor will I consume any such substance during working hours. (Absolute sobriety)
- I shall be neat and clean, and dress in a manor appropriate to the nature of my assignment. ID badges and/ or uniforms will be worn while volunteering, and ONLY while volunteering.
- I understand that smoking is not permitted in public buildings, or on the grounds of buildings operated by this agency.
- I understand that this agency will not provide a locked spot for valuables, such as purses, and is not responsible for loss or theft of personal items.
- I understand that it is against the policy of this agency, and illegal under state and federal law for any volunteer, male or female, to sexually harass another volunteer.
- Accurately recording time worked is the responsibility of every volunteer. I agree to sign in and sign out for every volunteer shift.
- I will exercise care and follow all operating instructions, safety standards, and guidelines when using equipment, machines, tools, etc, that belong to this agency or belong to the facility being used by this agency. If any equipment, machines, tools or medical supplies appear to be damaged, defective, or in need of repair, I will notify the supervisor immediately.

I also am aware that:

- If I decide to end my status as a volunteer, I am to notify the Emergency Management Director, and will return all equipment, ID badges, and uniforms issued to me in a timely manner.
- My volunteer status may be terminated at any time for failure to follow the rules, department policies and procedures, and terms of this agreement.

Initial / Date

Volunteers in Emergency and Disaster Response

Code of Conduct and Confidentiality Statement - Continued

Confidentiality Statement:

In the course of volunteering with this agency, I recognize that it is my responsibility to maintain the confidentiality of all information that identifies a client, or discloses any information about the client or person served by this agency; and to comply with the Health Insurance Portability and Accountability Act (HIPAA) standards.

I agree that I will not share any information I may obtain in verbal or written form. I also agree that I will not share any client or personal information even if the information is available through other means. I further acknowledge that the confidentiality policy applies after termination as a volunteer with this agency.

I, (Print your name) _____ have read this document and the volunteer handbook, and agree to provide volunteer services in accordance with these standards.

Volunteer Signature

Date

Parent or Guardian if under age 18

Date

Volunteer Application

Last Name		First		Middle	
Address			City	State	Zip
Best Phone # and Time to Reach Me:				Email	
Employer			Job/Title		Work Phone #
Drivers License # *	Other License Held and # *		Date of Birth *		
Do you currently volunteer for other organizations? If yes, please list.					
Emergency Contact Name		Best Phone #		Relationship	

* Needed for Background Check

Please put a **1** next to your primary qualification, and put a **2** next to other skills you have.

MEDICAL

___ Doctor Specialty: _____

___ Nurse Specialty: _____

___ Emergency Medical Professional: _____

___ Veterinarian

___ Veterinary technician

___ First Aid

___ Card Expires: _____

___ CPR: _____

___ Card Expires: _____

___ Triage

COMMUNICATIONS

___ CB or HAM Operator

___ Hotline Operator

___ Web Page Design

Languages other than English:

___ Spanish

___ Hmong

___ Sign Language

___ Other _____

OFFICE SUPPORT

___ Clerical - Filing, Copying

___ Data entry Software: _____

___ Phone Receptionist

SERVICES

___ Food Preparation

___ Elderly/Disabled Asst.

___ Child Care

___ Spiritual Counseling

___ Social Work/ Mental Health

___ Search and Rescue

___ Auto Repair/Towing

___ Traffic Control

___ Security

___ Crowd Control

___ Animal Rescue

___ Animal Care

___ Runner/Messenger

___ Shelter Management

___ Education

STRUCTURAL

___ Damage Assessment

___ Metal Construction

___ Wood Construction

___ Block Construction

___ Cert. # _____

___ Plumbing

___ Cert. # _____

___ Electrical

___ Cert. # _____

___ Roofing

LABOR

___ Loading/Shipping

___ Sorting/Packing

___ Clean-up

___ Operate Equipment

___ Types: _____

___ Have Experience

___ Supervising Others

EQUIPMENT

___ Heavy Equipment

___ Chainsaw

___ Generator

___ Other: _____

In an emergency, additional equipment may be needed. Please check items you own that could be used in an event.

TRANSPORTATION

___ Maxi-van, Capacity _____

___ ATV

___ Off-Road Veh/4wd

___ Truck

___ Type: _____

___ Boat, Capacity _____

___ Type: _____

___ Commercial Driver

___ Class & License #: _____

___ Camper/RV, Capacity & Type: _____

TURN OVER

Volunteer Application

Check the box that indicates how frequently you would like to volunteer.

Occasionally
 Regularly
 Only in an emergency

Are you interested in attending training or participating in practice drills?

Yes
 No

Do you have any special considerations you want to tell us about?

Please provide the names, and contact information of two personal references.

Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip
Phone #	Phone #
Email	Email

	Yes	No
Are you licensed to operate a motor vehicle in the state of Wisconsin?	<input type="checkbox"/>	<input type="checkbox"/>
Has your license to operate a motor vehicle ever been revoked? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a misdemeanor that resulted in imprisonment in the last 24 months? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>

Verification and Consent for Reference and Background Check

I verify that the above information is accurate to the best of my knowledge. If this information is incomplete or untrue I understand that my volunteer assignment can be terminated.

I give this agency permission to inquire into my background. I understand this may include my educational background, references, licenses, police records, and employment history and volunteer history. I also give permission for the holder of any such information to release it to this agency.

I hold this agency 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 this agency. I understand that this agency will use this information only as a part of its verification of my volunteer application.

Signature

Date

Parent or Guardian if under age 18

Volunteers in Emergency and Disaster Response

SAMPLE.....Volunteer Log In / Log Out Form

Site _____ Site Supervisor _____ Date _____ Form ___ of ___

Volunteers MUST fill out this form each time they arrive and leave a volunteer assignment.

	Print Name	Signature	Time In	Time Out	Assignment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					