



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 CENTER FOR EMERGENCY RESPONSE AND TERRORISM (CERT)
SHOW-ME RESPONSE VOLUNTEER REQUEST

DIRECT 1-800-392-0272
 FAX (573) 526-8389

FORM COMPLETED BY	DATE	TIME
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REQUESTING ENTITY/LOCATION INFORMATION

CONTACT PERSON(S)	AGENCY/FACILITY NAME
ADDRESS	
TELEPHONE NUMBER(S)	E-MAIL
OTHER CONTACT INFORMATION	

HOSPITALS ONLY

PREPAREDNESS PLAN ACTIVATED?	HAS MUTUAL AID AGREEMENT BEEN PURSUED?
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LOCAL EMERGENCY OPERATION CENTER PERSON/AUTHORITY APPROVING REQUEST

*All requests for volunteers should be made through local emergency operation center.

NAME	COUNTY
TELEPHONE NUMBER(S)	E-MAIL

RELEVANT INFORMATION ABOUT INCIDENT

LOCATION	CONDITIONS <input type="checkbox"/> NORMAL <input type="checkbox"/> LIMITED <input type="checkbox"/> PRIMITIVE
DESCRIPTION	

VOLUNTEER ASSIGNMENT/DUTIES AND SHIFT NEEDS

NOTE: It is the responsibility of the Requestor to ensure volunteers meet local requirements for background checks.

HEALTHCARE PROFESSIONALS LICENSES AND/OR CERTIFICATIONS	CLINIC STATUS (Y OR N)	HOSPITAL STATUS (Y OR N)	NUMBER REQUESTED
NON-MEDICAL VOLUNTEERS			
TOTAL NUMBER OF VOLUNTEERS REQUESTED ▶			

APPROXIMATE DATE(S) OF SERVICE

Requesting Entity (contact person) will keep the Show-Me Response state system coordinator on duty advised regarding volunteer status, e.g., arrivals and demobilization (1-800-392-0272).

VOLUNTEER LOGISTICAL AND BASIC NEEDS INFORMATION

Check-in Location & Contact	
Transportation/Mileage Reimbursed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lodging/Meals Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hygiene/Toiletries Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental/Health Protections	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	

INSTRUCTIONS FOR COMPLETING VOLUNTEER REQUEST
FORM MO 580-2939

The Show-Me Response Volunteer Request is the form to be utilized at all levels when an entity requests volunteers in the Show-Me Response system. The form may be generated locally, by the State Emergency Operations Center (SEOC), or Federal Emergency Management Agency (FEMA).

Form Completed By - Enter the agency where the request originates.

Date and Time - Enter date and time of request.

Requesting Entity/Location and Information - Must be completed for purpose of being able to contact the requestor.

Hospitals Only - "Preparedness Plan Activated" indicates if they have implemented their preparedness plan and whether the hospital has pursued mutual hospital aid agreements.

Local Emergency Operations Center Person/Authority Approving Request - Provides person/authority who officially approves/affirms need for Show-Me Response volunteers. Completed request is sent to DHSS Department Situation Room, then to Show-Me Response system coordinator.

Relevant Information About Incident - To provide information that may be useful in selecting needed volunteers regarding the location/situation. Information about conditions will be useful in selecting volunteers, i.e., type of work to be done, temperature, humidity, smoke, etc.

Volunteer Assignment/Duties and Shift Needs - Provides information regarding duties and shift needs, e.g., "to staff shelter for 3-11 shift on x days(s)." Should include any special criteria, i.e., clerical skills, speaks Spanish, able to lift patients, emergency room experience, experienced with pediatric populations, etc.

Information on Numbers and Types of Volunteers Requested - Provides information that will be used to query Show-Me Response systems for appropriate types of volunteers, matching type of experience, i.e., hospital-based or out-patient care needed. Table used to show aggregate skills and numbers being requested.

NOTE - State pool (volunteers that are not part of an organized unit) and Medical Reserve Corps volunteers are not required to have a background check. This alerts the requesting agency that a background check has not been done.

Approximate Date(s) of Service - Allows system coordinator to select volunteers willing to accept estimated dates of service.

Requesting Entity (contact person) - Keeps the system coordinator advised of status, which allows coordinator to communicate efficiently with volunteers waiting to be called and to anticipate further needs, estimate of time required, etc.

Volunteer Logistical and Basic Needs Information - Information will be communicated from system coordinator to selected volunteers so the volunteers can arrive on-site prepared to serve.