Boston Medical Reserve Corps

Volunteer Request Form

Please fill out this form to request Boston MRC volunteers to be deployed to support your event, and submit to volunteer@bphc.org**.**

## **Requesting Agency Information**

|  |  |
| --- | --- |
| Today’s date: |  |
| Requesting Agency: |  |
| Requestor’s Name and Title: |  |
| Requestor’s Telephone: |  |
| Requestor’s Email: |  |

## **Deployment Event Information**

|  |  |
| --- | --- |
| **Date(s) volunteers are needed:** |  |
| **Address/Location:** |  |
| **Type of site/event:** | [ ] Shelter [ ] Clinic [ ] Outreach [ ] Other: |
| **Description of the deployment event:** |  |
| **Point of contact onsite:***\*Note: This person will be CC’d on confirmation emails and volunteers will be directed to check-in with this person upon arrival at the deployment event.* | **Name:**  |  |
| **Phone Number:***(must be accessible on dates of deployment event)* |  |
| **Email:** |  |
| **Specific instructions to access the event site or building (if needed):** |  |
| **Onsite parking or transportation information:** |  |
| **Personal Protective Equipment (PPE) provided:***\*Please clarify if there will be different levels of PPE provided for clinical v. non-clinical volunteers* | Masks will be provided by BPHC. |
| **Food, water or snacks provided:***(Please describe)* | Volunteers must bring their own food/snacks. |
| **Will a space be available for volunteers to take their breaks?***(Please describe)* | Volunteers will have access to the staff break areas.  |

***Please continue on the next page.***

## **Volunteer Role Information**

|  |  |
| --- | --- |
| **Description of volunteer duties:** *Clarify clinical vs. non-clinical duties* |  |
| **# clinical volunteers needed:***Specify # per shift, if requesting multiple days/shifts. If specific licensure is required, please describe.* *\*\*See note below* |  |
| **# non-clinical volunteers needed:***Specify # per shift, if requesting multiple days/shifts. If specific skills are required, please describe.* |  |
| **Date/time/duration of shift(s) and required check-in time:** |  |

## **Important Information for Utilizing Boston MRC Volunteers**

When Boston MRC volunteers are deployed to your site, we ask that you support their success by providing:

* Appropriate PPE
* A tour of the site (including restrooms and breakrooms)
* An introduction to the onsite point-of-contact and/or Supervisor they will be reporting to
* A briefing at the start of the shift to review their specific role and expectations, as well as site safety information (emergency exits, appropriate PPE use, etc.)

\*\*If an organization wishes to utilize volunteers in a clinical capacity, a Memorandum of Understanding (MOU) agreement is required to ensure that the partnership with Boston MRC adequately supports issues related to clinical licensure, liability, etc. We will follow-up with you directly to implement this agreement.