

## Frequently Asked Questions:



### What is the Public Health / Medical Emergency Volunteer Corps?

The Public Health / Medical Emergency Volunteer Corps have been created to enhance St. Clair County's emergency preparedness response plan and is designed to supplement the St. Clair County health / medical staff during a public health emergency. The goal is to bring together the knowledge and skills of many different health professions to address and respond to public health crises. The Corps would be mobilized during any event that would require additional health professional staffing. Some examples of an emergency event that would require volunteer health / medical staff are pandemic flu, smallpox outbreak, large scale foodborne/waterborne outbreak or any large scale environmental exposure to disease event that exceeds the surge capacities of our three hospitals, medical clinics, and related health systems.

### Who can volunteer for the Public Health / Medical Emergency Volunteer Corps?

Any licensed or certified health professional, health professional student or those with experience and/or employed in the health care professions that live or work in St. Clair County. Your expertise, skills, licensure or certification will help determine the role you may be asked to fill during an emergency.

#### We welcome Individuals from agencies, clinics, or facilities such as:

DENTAL CLINICS ♦ VETERINARY MEDICINE ♦ INDUSTRIAL MEDICINE ♦ INDUSTRIAL HYGIENISTS ♦ SCHOOLS, TECHNICAL SCHOOLS & COLLEGES ♦ VISITING NURSES & PHYSICIANS ASSOCIATIONS ♦ HEALTH & MEDICAL PROFESSION RETIREES ♦ PRIVATE & URGENT CARE CLINICS ♦ SPECIALIZED TREATMENT OR CARE ♦ CONVALESCENT & LONG TERM CARE FACILITIES ♦ LABORATORY ♦ PHARMACEUTICAL & MEDICAL SUPPLIERS....

#### Specific positions or roles in support of the above described facilities such as:

DOCTORS ♦ NURSES ♦ MEDICAL ASSISTANTS ♦ CLERICAL SUPPORT STAFF ♦ DATA ENTRY STAFF ♦ TECHNICIANS ♦ BILLING CLERKS ♦ HYGIENISTS ♦ SUPPLY & INVENTORY STAFF ♦ SPECIALISTS ♦ PHARMACISTS ♦ RADIOLOGISTS ♦ INFORMATION TECHNOLOGISTS ♦ SANITARIANS ♦ STUDENTS & INSTRUCTORS....

### What are the benefits of volunteering?

We will provide you with an opportunity to become better prepared to handle large-scale health crises. You will receive regular updates on free emergency preparedness educational/training opportunities. Appropriate prophylaxis medication will be provided to volunteers. You will gain personal satisfaction from knowing that you are helping our County become better prepared to handle public health emergencies.

### What training will I receive?

Emergency preparedness training for the volunteers is ongoing. Subsequent mailings and updates will be provided. There are no fees for the training. During an actual event, on site training with job action guidelines are utilized to quickly identify your role for that specific event.

### If I volunteer, what is the time commitment?

Your availability to volunteer is up to you. Before an event, the time will be spent in training. Time during an actual event depends on the event itself.

### What might I be asked to do?

During a public health emergency, you might be asked to contribute in several different ways such as answering incoming phone hotline calls, providing medical evaluation and treatment, providing education, administering vaccine, distributing medication, greeting, counseling, triage, data entry, and patient advocacy. We will do our best to ensure that the role you are asked to play is appropriate for your level and area of expertise, but we ask that volunteers be flexible. Your emergency preparedness skills will be strengthened through training opportunities.

### How would I be notified if the Public Health / Medical Corps were to be activated?

You may be notified through a direct telephone contact, from the St. Clair County Health Department, your employer, or through the media such as public broadcast announcements via radio or television.

### Do volunteers receive any compensation?

No, you will be volunteering to help the County in a time of extreme need, a declared "**public health emergency**".

### What can you tell me about my liability?

Volunteers working for public health during an emergency are covered under the umbrella of public health. Public Health Code [1978 PA 368]; Emergency Management Act 390 of 1976 [ MCL 30.411 ]; Governmental Immunity Act [MCL 691.140]; Good Samaritan Act [MSC 691.1501]; Volunteer Protection Act of 1997 [42 USC Chapter 139].

**St. Clair County Public Health Department – Public Health Emergency Division**  
**3415 28<sup>th</sup> St. Port Huron, MI 48060 (810) 987-5300**



## St. Clair County Health Department PUBLIC HEALTH / MEDICAL EMERGENCY VOLUNTEER APPLICATION

Last Name / First / Middle	Date:
Street Address	Home Telephone: Cell Phone:
City, State, Zip	Business Telephone: Pager:
Have you ever been an employee of St. Clair County? <b>Y N</b> If yes, Position: _____ Year(s): _____	Fax: Email:
Professionally Licensed, Registered or Certified: _____ State or Province of Issue: _____ Exp. Date: _____	SS#: <i>leave blank at this time</i> Do you have a passport? <b>Y N</b>
Do you possess a valid Michigan Driver's License? <b>Y N</b> Chauffer License? <b>Y N</b> Do you have relievable transportation available? <b>Y N</b> Do you own a boat? <b>Y N</b> Do you have a 4-wheel drive vehicle? <b>Y N</b> Size/Type: _____	Have you been trained to drive a school bus? <b>Y N</b> Have you been trained to drive a semi-truck? <b>Y N</b>

**EMPLOYMENT HISTORY**      [ ] Currently Employed      [ ] Retired      [ ] Not Employed      [ ] Current Student

Most Current or Recent Employer: _____	Position: _____	Year(s): _____
Previous Employer: _____	Position: _____	Year(s): _____
Previous Employer: _____	Position: _____	Year(s): _____
Do you have a current institutional photo identification badge? <b>Y N</b>		Do you have medical malpractice insurance? <b>Y N</b>

**SPECIAL SKILLS or EXPERIENCES**

<input type="checkbox"/> Computer / Data Entry <input type="checkbox"/> Language Translation <input type="checkbox"/> Trainer / Teacher <input type="checkbox"/> Child Care <input type="checkbox"/> Special Needs Care <input type="checkbox"/> Animals / Pets <input type="checkbox"/> Laboratory <input type="checkbox"/> Military Training <input type="checkbox"/> Environmental <input type="checkbox"/> Technician <input type="checkbox"/> Security / Enforcement <input type="checkbox"/> Sanitation <input type="checkbox"/> Counseling / Mental Health <input type="checkbox"/> Other: _____	Please Describe: _____ _____ _____ _____ _____ <input type="checkbox"/> Do you have your own equipment (medical, training, etc...) If yes, describe: _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**EDUCATION**

School	Name & Location of School	Course of Study	Did you Graduate	No. of Yrs Completed	Year Graduated	Degree Diploma
High School			[ ] Yes [ ] No			
Trade/ Technical			[ ] Yes [ ] No			
College			[ ] Yes [ ] No			
Graduate			[ ] Yes [ ] No			

**AVAILABILITY PREFERENCES**      (NOTE: only if SCCHD is able to accommodate)

<b>Monday</b> AM PM NIGHTS	<b>Wednesday</b> AM PM NIGHTS	<b>Friday</b> AM PM NIGHTS	<b>Do you have physical limitations or constraints we should be aware?</b>
<b>Tuesday</b> AM PM NIGHTS	<b>Thursday</b> AM PM NIGHTS	<b>Sat/Sun</b> AM PM NIGHTS	



**VOLUNTEER EXPERIENCE**

Have you ever volunteered for other agencies? **Y N** If yes, briefly describe:

**PERSONAL REFERENCES** Non-Relatives:

	Name	Address	Phone
1			
2			

**PROFESSIONAL REFERENCES** For licensed personnel only:

	Name	Address	Phone
1			
2			

**BRIEF MEDICAL HISTORY** Approximate date of last known:

Tuberculosis Test: \_\_\_\_\_ Influenza Vaccination: \_\_\_\_\_ Other(s): \_\_\_\_\_  
 Tetanus Shot: \_\_\_\_\_ Smallpox Vaccination: \_\_\_\_\_  
 Hepatitis B Vaccination: \_\_\_\_\_ Anthrax Vaccination Series: \_\_\_\_\_

Have you ever been fit tested to an N-95 (TB Mask)? **Y N** Size: \_\_\_\_\_ Surgical glove size: \_\_\_\_\_ (if known)

Have you ever been fit tested to any other types of personal protective equipment? **Y N** If yes, please describe: \_\_\_\_\_

Do you suffer from any chronic health conditions? \_\_\_\_\_

Do you have any food, medication, environmental allergies? \_\_\_\_\_

**PERSONAL HISTORY**

Have you been convicted of a crime in the past ten years, which has not been expunged or sealed by a court? **Y N**

Have you ever had a professional licensure, registration, or certification revoke? **Y N**

If yes to either of the above to two questions: please explain:

**STATEMENT**

*The information provided in the SCCHD Volunteer Application is true, correct and complete. If placed, any misstatement or omission of fact on this application may result in dismissal or denial.*

*I understand that acceptance, as a volunteer does not create contractual obligation upon to the St. Clair County Health Department, or the County of St. Clair, and/or it Health / Medical Partners.*

*If you decide to verify my personal or employment history, I authorize you to do so, and/or will provide copies of licensure, credentials, registrations and certifications upon request.*

*I understand I am obligated to adhere to governing laws and requirements as prescribed by the County of St. Clair, St. Clair County Health Department, and the State of Michigan as it may pertain to health, safety, and client confidentiality.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICANT:** \_\_\_\_\_

**I.D. #** \_\_\_\_\_

**SCCHD ONLY:** Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved for Orientation:**  Yes  No Scheduled Orientation Date: \_\_\_\_\_ Trainer: \_\_\_\_\_

**Assignment Grouping:**  Medical Core  Medical Core Support  Clerical Support  Security / Maintenance Support

**Facility Assignment Type:**  Main Health Department  SCCHD Mass Clinic  NEHC Site  ACC Site  SNS Distribution Site

**Special Services Support:**  Mental Health  Animal / Pets  Patient Advocate  Language Translation Other: \_\_\_\_\_

Recommended Updates for Volunteer:  vaccinations  CPR  First Aid  Defib. Unit  T.B. Test  Fit Test  Infection Control

Others: \_\_\_\_\_