

Registering an Account

To create a new account in MA Responds click on the "Register Now" button.

Homo	Welcome to MA Responds, the online registration system for	
loine	public health, health care, and emergency response volunteers.	Username:
tegister Now Contact Us	If you would like to be a volunteer responder during a Massachusetts health-related emergency or event, you have come to the right place!	Password:
AQs	MA Responds needs volunteers of all skill levels and backgrounds from both medical and non-	
erms of Service	medical professions. If you are a licensed or certified health care provider, a public health professional, a retiree, or are an individual with an interest in helping the community, we invite you to complete the secure confine profession process.	Log In
rivacy Policy	Ready to volunteer for MA Responds? Please click on the Register Now button of pin.	Forgot Usemame or Password? Not Registered?
Find us on Find us on Facebook	Register Now »	Participating Organizations
ollow us on witter	MA Responds is administered by the Commonwealth of Massachusetts Department of Public Health and is a partnership that integrates local, regional, and statewide volunteer resources to identify, credential, train, and mobilize volunteers during a health-related emergency or event.	

MA Responds Homepage

Choose which organization(s) you wish to affiliate with by clicking on the "Add Organizations" link and checking the appropriate box(es).

	Registration	8			
	For the best experience, do not use the refresh, s	top, back or forward buttons on the browser and	only single-click buttons within a page.		
	(2) An asterisk (*) indicates a required field. You will be alerted if the required information has not been entered.				
	③ For your security, all communications are encrypted and you will be logged out automatically if you are inactive for more than 60 minutes.				
	We recommend the latest version of <u>Microsoft Internet Explorer for Windows</u> , <u>Mozilla Firefox for Mac or PC</u> , <u>Apple Safari for Mac or PC</u> or <u>Google Chrome for</u> <u>Mac or PC</u> with JavaScript enabled and pop-up blocker turned off to use this site. Please see your browser's help file for more information.				
	Organizations				
	Organizations represent official groups that you have organizations and select those you want to join.	affiliation with as a MA Responds (training) user. Cliv	ck the Select Organizations link below to see a complete list of		
	★ ◆ Add Organizations Region Map				
	Account Information				
	Creating an account is the first step in the MA Respo Responds (training).	nds (training) registration process. You will use your a	account username and password each time you log into MA		
	* Username:	The username must be at least six (6) characters long and cannot contain spaces. (A2, 0-9) and the synchroling, and (A2, 0-9) and the synchroling, and Usernames are not case sensitive.			
	* Password:		× Password must be 6 characters or longer × Password must contain a letter		
	* Confirm Password:		× Confirmation password must match		

MA Responds Registration Page



Basic Administrator Training – Learning Exercise 1

You may affiliate with one or more of the following organizations: Medical Reserve Corps Unit(s) and/or the State of Massachusetts Volunteer Program for Public Health. Please note you are limited to 3 units. Please contact Johnna Coggin (jcoggin@mms.org) should you require affiliation with additional units.



MA Responds Registration Page

Registering an account involves creating a username and password combination. Please note the following specifications:

- Usernames must be unique and cannot be the same as the password.
- Base User passwords must be at least six (6) characters long and contain a letter. Spaces are not permitted. Administrator passwords must be eight (8) characters long, contain a number and an uppercase letter.
- Passwords are case sensitive.



MA Responds Registration Page



In addition, volunteers must agree to the Terms of Service, Information Pledge and Background Check Consent.

* Terms of Service:	By checking this box, I indicate that I agree to the Terms of Service and have read and understand the <u>Prinacy Policy</u> for this site. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet to processing and storage facilities supporting this system. I also agree to receive required administrative and legal notices such as this electronically.	
* Information Pledge:	By checking this box, I pledge to provide only correct information when completing this registration process. I also give consent to MA Responds (training) and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.	
*Background Check Consent:	I hereby authorize MA Responds and its designated representatives to investigate my background and qualifications for the purpose of determining whether I am qualified for the position(s), volunteer or employment, for which I am applying. This authorization will be effective on the date I create my profile in this electronic registry and will remain in effect until my account is terminated, in writing (via email or letter), by me or MA Responds. I understand MA Responds will conduct such background investigation with the assistance of one or more outside firms and the scope of this investigation will include, but not be limited to, employment history, education history, drivers license records, public records of chil and criminal history, and professional licensing and credentialing. I understand that MA Respond and its representatives will use the personal data entered by me into this selectronic registry to conduct the background investigation. I certify that the information provided is, to the best or imp knowledge, true and accurate. I further understand any mistakes or incorrect information in the personal data provided by me may affect the accuracy of any background investigation.	

MA Responds Registration Page

Other information is required to set up a MA Responds account. Please note that required fields are denoted with an asterisk.

Name and Address	
Prefix:	
	Example: Dr., Col., Mr., Mrs., Ms.
* First Name:	
Middle Name:	
* Last Name:	
Nickname:	
Suffix:	Example: Jr., Sr., MD, PhD, RN
Maiden Name:	
* Home Address Line 1:	
Home Address Line 2:	
* City:	
* State:	Select -
*Zip Code:	
*Work State:	Select -
Alternate Address Line 1:	
Alternate Address Line 2:	
City:	

MA Responds Registration Page



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State:	Select V					
County:	Select ¥					
Zip Code:						
Identifying Information						
* Date of Birth:	mm4dd/yyyy					
* Social Security Number:	Line costs i del costs i del costs del costs. del cost a del cost del costs del costs del costs del cost del costs del cost					
* Gender:	Select 🗸					
Contact Information						
Primary Email Address					×	
Email Address:	Final target and an extraction (1 is required for the target table) in the second target of t					
Confirm Email Address:	per en el el entrete a la seguitación de la francé de la entrete de la entrete de la entrete de la entrete de Entrete de la entrete de la entre			ARLEYA		
Contact Method 1					^	
* Contact Method 1:	Select V					
* Number to Attempt:			1.01.1.00	ther Conta	Lindhaa	
Occupation Information						
* What is your occupation type?	Select V					
Driver's License Endorsements						
A Indicate all driver's license environments for	naralion motodrad vehiclas					-

MA Responds Registration Page

After entering all necessary information, click on the Next button at the lower right area of the page to create the account.

* What is your occupation type?	Health Professional -
* Occupation:	Advanced Practice Nurse
	If your occupation does not appear in the list, please select Other.
* What is your current professional status for this occupation?	Licensed/Certified and Active
Driver's License Endorsements	
Indicate all driver's license endorsements for operative	ting motorized vehicles.
Licensed to operate:	☑ a passenger vehicle
	a motorcycle
	a single commercial motor vehicle over 26,000 lbs
	a combination commercial motor vehicle over 26,000 lbs
	other commercial vehicles and buses
Are you certified to transport hazardous materials?	⊙ Yes 💿 No
Registration Feedback	
How did you hear about the site?	MRC Leader -
	If Other/Website, please specify in the comments.
	Previous Next
МА	Responds Registration Page
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Basic Administrator Training – Learning Exercise 1

Volunteers must give authorization to proceed with a Nationwide Sex Offender Search. Clicking "accept" authorizes the running of the check, while clicking "decline" prevents the check and restricts volunteer involvement in MA Responds deployments.



Background Check Disclosure Pop-up Window

Any volunteer who authorizes a Nationwide Sex Offender Search can also request a copy of their check report. If they choose to request the report, they must also enter an email address and will then receive the report directly from the vendor.



Background Check Report Pop-up Window