**** **Massachusetts**

 **Volunteer Deployment Roster**

To be used in response to organizations, towns, agencies, etc. requesting MRC volunteers

**Directions:** The information contained on this form should be provided by a unit *deploying* volunteers in a cross-jurisdictional event. One form should be filled out per location, per shift. Alternatively, this information may be entered into a spreadsheet and that may be sent in place of this document. Please share this information (by completing this form, a spreadsheet, or via email) with the *requesting* entity when sending volunteers. If the request comes from DPH OPEM or the State Emergency Operations Center is activated, please also send it to **DPH-ESF-8@MassMail.State.MA.US**.

Some fields are required (\*), but it is recommended that all information be completed, if possible. Please copy and paste additional rows if your unit is sending more than seven volunteers.

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| --- |
| **Event Information** |
| Description of event\* |  |
| Date/Shift\* |  |
| Name of Unit Sending Volunteer(s)\* |  |
| Region\* |  |

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| --- |
| **On-Site Contact** |
| First and Last Name\* |  |
| Title |  |
| Mobile Phone\* |  |
| Email\* |  |

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| **Point of Contact for Unit Sending Volunteers** |
| First and Last Name\* |  |
| Title |  |
| Mobile Phone\* |  |
| Email\* |  |

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| **Volunteer Information** |
| **Volunteer #1 Information** |
| First and Last Name\* |  |
| Mobile Phone\* |  |
| Email\* |  |
| Emergency Contact Name\* |  |
| Emergency Contact Phone\* |  |
| Role/Skills/Licenses |  |
| **Volunteer #2 Information** |
| First and Last Name\* |  |
| Mobile Phone\* |  |
| Email\* |  |
| Emergency Contact Name\* |  |
| Emergency Contact Phone\* |  |
| Role/Skills/Licenses |  |
| **Volunteer #3 Information** |
| First and Last Name\* |  |
| Mobile Phone\* |  |
| Email\* |  |
| Emergency Contact Name\* |  |
| Emergency Contact Phone\* |  |
| Role/Skills/Licenses |  |
| **Volunteer #4 Information** |
| First and Last Name\* |  |
| Mobile Phone\* |  |
| Email\* |  |
| Emergency Contact Name\* |  |
| Emergency Contact Phone\* |  |
| Role/Skills/Licenses |  |
| **Volunteer #5 Information** |
| First and Last Name\* |  |
| Mobile Phone\* |  |
| Email\* |  |
| Emergency Contact Name\* |  |
| Emergency Contact Phone\* |  |
| Role/Skills/Licenses |  |
| **Volunteer #6 Information** |
| First and Last Name\* |  |
| Mobile Phone\* |  |
| Email\* |  |
| Emergency Contact Name\* |  |
| Emergency Contact Phone\* |  |
| Role/Skills/Licenses |  |
| **Volunteer #7 Information** |
| First and Last Name\* |  |
| Mobile Phone\* |  |
| Email\* |  |
| Emergency Contact Name\* |  |
| Emergency Contact Phone\* |  |
| Role/Skills/Licenses |  |

I assert that all volunteers listed here are accepted members of Click or tap here to enter the unit name.in good standing. This includes the completion of all background checks (CORI and SORI/VSOS) and license verifications, if appropriate.

Click here to enter your electronic signature by typing your first and last name.

**Signature**

Click here to enter today’s date.

**Date**