



Massachusetts Volunteer Request Form

To be used for organizations, towns, agencies, etc. requesting MRC volunteers



Description of event:

Region:

Local MRC leader:

Has local MRC been contacted? Yes No

Requesting Agency Information

Date:	
Requestor's name:	
Requestor's telephone:	
Requestor's email:	

Event Information

Date:	
Address/Location:	
Point of Contact at Site:	Number:
Type of event? <input type="checkbox"/> Shelter <input type="checkbox"/> Emergency <input type="checkbox"/> Other	
How quickly is response needed?	

Volunteer Information

Description of Volunteer Duties:	Job Descriptions included? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of volunteers* needed (medical/non-medical)?	
Will unit accept non-MA Responds volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many of each?	
Professions & skills needed:	
Date/time/duration of shift(s) and check-in time:	
Who do volunteers report to?	Phone Number:
Additional Info(meals, supplies, lodging, transportation, parking, etc)	
Directions	

All deployable volunteers must be **credentialed** and belong to the **requested** unit.

*Credentialed volunteers shall pass all background checks (CORI, VSOS or SORI and Medical Licensure Verification) **before** being contacted and/or deployed.