

SONS 2010 EXERCISE

Date: 3/25/2010 8:57 AM

Volunteer Management Plan

PURPOSE:

To define the process by which affiliated and non-affiliated volunteers may be safely and efficiently trained and incorporated into an oil spill response (simulated, SONS2010 NNE Exercise).

SCOPE:

Affiliated and non-affiliated, non-paid volunteers in Maine and New Hampshire, working in support of the (simulated) response to the collision between M/V Tetra and M/V Axis Moonlight.

Limitations:

To the greatest extent possible, volunteers shall have limited roles in spill response. Volunteers will not be utilized in positions that come in contact with oil unless specifically trained to do so such as in the rehabilitation of oiled wildlife. Volunteers will be limited to positions required to lift no more than 25 pounds.

Participation:

While additional assignments may be approved with the permission of the Volunteer Coordinator, the following identifies several roles which may be assigned:

- operating phone banks designed to address public input and concern
- helping to inventory and mobilize equipment
- beach patrol to monitor operations and identify equipment needs, and reconnaissance to identify unaffected areas
- operation of first aid and refreshment stations for workers
- pre-impact beach clean-up
- assisting in wildlife rehabilitation
- Command Post support
- facility maintenance
- provide transportation for volunteers and responders
- photo documentation

Training:

All volunteers will receive training specific to the tasks being performed, to include:

- overview of spill incident and response
- liability issues
- limitations on volunteer service
- general and specific job requirements
- safety and security procedures
- proper attire and personal protective equipment
- training to include: drug and alcohol policies, firearms limitations, equipment use, general safety procedures, evacuation procedures, potential hazards of work environment, first aid, and accident reporting procedures

All oiled wildlife rehabilitation volunteers will be required to complete, at a minimum, a four-hour safety training course offered by Tri-State Bird Rescue & Research, Inc, consisting of a two hour presentation followed by two hour hands-on training addressing potential hazards that occur at a wildlife rehabilitation facility.

Contact for this training is: Rebecca Dunne – Senior Coordinator (302) 737-7241 ext:109

Reporting Locations: Volunteer Coordination Center (VCC), located at the Maine DEP facility at 312 Canco Rd, Portland; and New Hampshire Port Authority, Portsmouth, NH.

Unaffiliated Volunteers

Volunteers will fill out registration forms and sign a Memorandum of Understanding. They will then be interviewed by staff from the VCC to determine their level of training and experience base for use in proper placement of volunteers.

Once assigned to a unit, volunteers will receive job-specific training. Upon completion of training, volunteers will be assigned to a supervisor. Each supervisor shall be responsible for no more than 20 volunteers.

Affiliated Volunteers

Any affiliated volunteers with specialized training will be assigned to a specific position to maximize their skills. Each volunteer will be required to go through the registration and training process described above.

Volunteer Coordinator Responsibilities

The Volunteer Coordinator is responsible for managing and overseeing all aspects of volunteer participation, including recruitment, induction, and deployment. The Volunteer Coordinator must outline all priorities, with safety as priority #1. The Volunteer Coordinator will all appropriate paperwork is completed (see enclosures) and will ensure a training log is maintained to document training for each volunteer. This log should be made available to the FOSC upon request, and the FOSC will ensure each worker is properly trained and placed in work environments consistent with the provisions of this plan.

Contact Numbers

Volunteer Coordination Center: 207-822-6305

Information for oiled wildlife response volunteers:

New Hampshire: 603-271-3899

Maine: 1-877-OIL-BIRD

NAME Incident
Volunteer Coordination Center
Daily Operations Plan

0730 Check-in for New Volunteers

0745 Check-in for Returning Volunteers

0800 Morning Briefing

0830 Depart to Work Sites

1200 Accountability/Break for Lunch

Check Out for any Morning-Only Volunteers

1230 Check-in for New Volunteers

1245 Check-in for Returning Afternoon-Only Volunteers

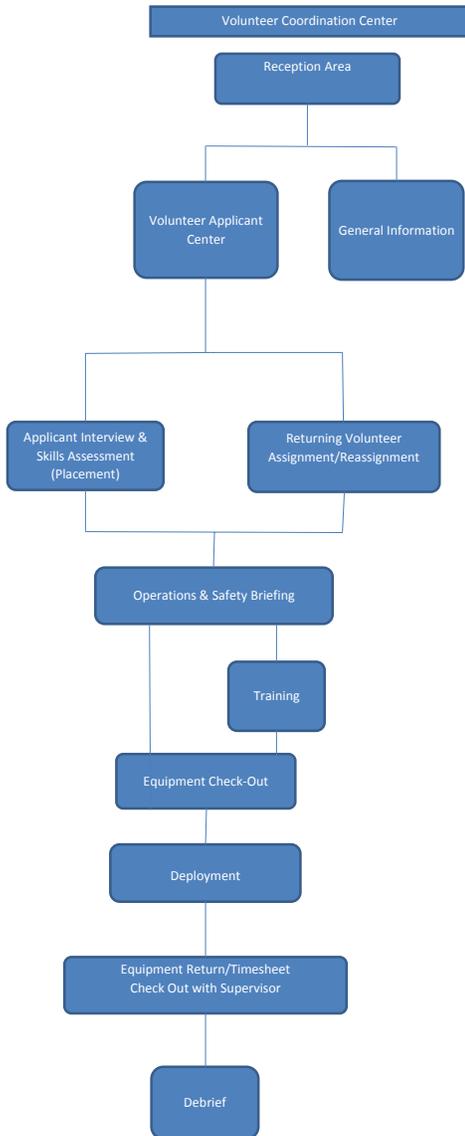
1300 Afternoon Briefing/Supervisor Update

1330 Depart to Work Sites

1645 Return to Volunteer Coordination Center/Equipment Return

1700 Status Reports and Accountability Due/Supervisor Debriefing

VCC Hours of Operation: 0700-1730



The Reception Area shall be staffed by two persons. Informational resources for oiled wildlife reporting, volunteer opportunities, and a basic status board with cleanup news and volunteer accomplishments will be posted and updated.

General Information will have a Call Center, further information for questions that could not be answered briefly in the Reception Area, and message board for volunteers will be available.

The Volunteer Applicant Center will be supplied with tables, chairs, or clipboards for applicants to fill out the Volunteer Registration Form and the Memorandum of Understanding. Job Descriptions will be available in packets for applicants to review. A leaflet will be available with the daily status report.

The Applicant Interview and Skills Assessment will be staffed with placement counselors. Counselors will assess applicant skills and interest for best fit with incident needs. Counselors will review the registration form and MOU to ensure volunteer understanding of commitment and requirements that must be met.

The Returning Volunteer Assignment/Reassignment will be a meeting place for returning volunteers and supervisors. After each op period, an assessment will be made to determine which volunteer functions will continue and whether returning volunteers are needed to refill positions for effective use of skills. If not, returning volunteers will need to be counseled and reassigned.

All volunteers will attend the Operations & Safety Briefing. If a volunteer is not present for the briefing, the volunteer will not participate until the next Op period. Ops/Safety Briefing will be a maximum of 15 minutes duration.

If further training is required, the volunteer will continue with training until completed. If training is not completed prior to the end of the op period, the volunteer will return with Returning Volunteers for assessment and further assignment.

Volunteers or their supervisors will check out PPE and required equipment.

Volunteers will depart for field sites. Supervisors will report status and accountability at intervals based on tasking type, complexity, risk, and weather conditions.

At the end of the operational period, equipment shall be assessed and returned. Volunteers will submit a timesheet to the supervisor and will be accounted for prior to leaving the VCC.

Supervisors will file situation reports and determine volunteer needs for the next op period.

Half Day and Full Day Volunteers will follow the same flow pattern. Full Day Volunteers will break for lunch at their assigned site. Long Term Volunteers assigned to the ICP will report directly to their volunteer site each day. Supervisors will report any change in status and will approve timesheets.

TIME SHEET

WEEK OF: [START DATE] – [END DATE]

VOLUNTEER COORDINATION CENTER

[Name] *Spill Incident*

[Address]

[Phone Number]

[Fax Number]

VOLUNTEER NAME: YOUR NAME	POSITION: YOUR POSITION
VOLUNTEER NUMBER: YOUR EMPLOYEE NUMBER	STATUS: VOLUNTEER
DIVISION: DIVISION NAME	SUPERVISOR: YOUR SUPERVISOR'S NAME

DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
[Pick the date]					
[Pick the date]					
[Pick the date]					
[Pick the date]					
[Pick the date]					
[Pick the date]					
[Pick the date]					
WEEKLY TOTALS:					

EMPLOYEE SIGNATURE:	DATE: [PICK THE DATE]
SUPERVISOR SIGNATURE:	DATE: [PICK THE DATE]

Volunteer Position	Required Training	Hours	Suggested Training	Hours
Wildlife Caretaker				
Construction Crewmember				
Administrative Support				
Command Post Staff Support/Runner				
Field Support/Transportation Crewmember				
Pre-impact Shoreline Assessment				
Pre-cleaning Crewmember				
Volunteer Placement Counselor				
Photo Documentation Support				
Communications Support				

VOLUNTEER REGISTRATION FORM

Please provide the following information and return this form to: (Volunteer Coordination Center, mailing address, e-mail, website, or physical address)

Date: _____

Full Name (Last, First, MI): _____

Gender (M/F): _____ Nickname/Name I like to be called: _____

Phone (daytime): _____ (evening): _____ (cell phone or pager): _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Present employer: _____ Occupation: _____

Drivers License Number/State: _____ I am at least 18 years of age: YES NO

Are you currently affiliated with any response organization/volunteer group? If so, which one(s)? Dates?

Training, Skills and Experience *(All Certifications Require Proof of Completion)*

Please give Certification Type/Agency/Expiration Date (if applicable):

Bird Rescue/Wildlife Rehabilitation: _____

Hazmat/Hazwoper(4 hours, 24 hours, 40 hours): _____

Health & Safety Certifications (First Aid/CPR): _____

Licenses: _____

Other: _____

Skills *(Please check all that apply)*

Animal Handling

Animal Health/Veterinary Tech

Veterinarian

Intake

Holder

Rinser

Bleeding Control

Search Collection

Tubing

Washer

Other: _____

Non-Animal Handling

Cage Cleaning

Clerical

Communication System

Computer Data Entry

Construction

Electrician

Errands

Food Preparation

Heavy Equipment Operation

Lab Tech

Laundry

Logistics

Physical Labor

Phone Bank

Pools

Pre-Cleaning

Scribe

Shoreline Assessment

Volunteer Orientation

Other: _____

Comments:

My Placement Preference (Please rank in order of preference with number 1 being your first choice):

- | | |
|--|---|
| ___ Bird or Wildlife Rescue/Rehab | ___ Command Post Support |
| ___ Wildlife Cage Construction/Maintenance | ___ Logistics |
| ___ Administrative/Clerical | ___ Joint Information Center Phone Bank |
| ___ On-Water operations | ___ Food & Refreshment Service for Responders |
| ___ Shoreline Monitoring/Pre-Impact Cleaning | ___ Transportation |
| ___ Other _____ | |

Health History (optional section): I would like the following health history information to be provided to EMS in the event of an emergency (check any you wish to disclose and provide any details you think would be important):

___ Allergies (to medications, foods, or items you may come into contact with such as latex gloves):

___ Medications: _____

___ Conditions for which I am being treated by a physician (diabetes, hypertension, high or low blood pressure, etc.): _____

___ Physical Limitations (lifting, range of motion, special equipment needed, etc.)

Physician _____ City, State _____

Emergency Contact: Please contact the person listed below in the event of an emergency.

Name _____ Relation _____

Street Address _____

City _____ State _____ Zip _____

Phone (daytime): _____ (evening): _____ (cell phone or pager): _____

I have read and understand this registration form and the attached Memorandum of Understanding as they apply to my application to serve as an unpaid volunteer in support of the cleanup of this pollution incident. I describe myself as being in good health and willing to volunteer. I certify that the information I have provided above is true and correct.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Required Training: _____ Type: _____ Date completed: _____ Initials: _____

Placed: _____ Location: _____ Date: _____ By: _____

Memorandum of Understanding

_____ *I understand that I am applying to serve as an unpaid volunteer in support of the (Name) Incident.*

_____ *I understand that safety is our highest priority. Should I witness an unsafe practice, I will notify my crewmembers and crew supervisor immediately.*

_____ *I understand that any Personal Protective Equipment (PPE) that I am provided is for my safety and shall be used in accordance with my training and supervisor's instructions.*

_____ *I understand that the equipment I have been provided shall be returned at the completion of my duty period. I will report any worn or damaged equipment upon return to the equipment manager so that it may be repaired or replaced.*

_____ *I understand that I must arrive on time for duty, attend any required briefings, and will check out with my supervisor prior to leaving at the end of the duty period or at the end of the day. I will submit any required reports and paperwork, to include my daily timesheet, prior to departure.*

_____ *I understand that it is my responsibility to report any and all emergencies and injuries to my supervisor so that incidents may be handled quickly and efficiently.*

_____ *Finally, I understand that my greatest assets are my positive attitude and dedication I offer as a volunteer, and I will bring these assets with me each day.*

Signed: _____ *Date:* _____

COMPANY NAME

Job Description Form

YOUR LOGO
HERE

Division/Department
Location
Job Title
Reports to _____ <i>Title</i>

Level/Grade	Minimum Commitment: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	Position Needed Hours _____ / week Operation Period Description:
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GENERAL DESCRIPTION

ENVIRONMENTAL CONDITIONS

- Volunteer must be able to lift 25 pounds.
- Position is an outdoor position and applicant should expect to walk for moderate distances. Crew will likely be exposed to inclement weather. Volunteer will need to wear clothing appropriate for varying temperatures and precipitation.

TRAINING/PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENTS

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REVIEWED BY _____ <i>Title</i>
APPROVED BY _____ <i>Title</i>
DATE POSTED
DATE HIRED

Volunteer Request Form

Date/Time of Request: _____

Requesting organization/agency/unit: _____

Name of contact: _____ Phone: _____ Fax: _____

VOLUNTEER NEEDS

Total Number of Volunteers Needed: _____

Job Title/Description: _____

Duties	Desired Experience/Skills	Training Provided?

Equipment/Special Clothing Needs: _____

Description of Training To Be Provided: _____

Job Location: _____

Date/time volunteers needed: _____

Please check if available: Restrooms Parking
 Safety Equipment Telephone
 Transportation to Work Site

Volunteer(s) should report to the following person for additional training/instruction:

Name: _____ Phone: _____ Fax: _____

Location: _____

FOR OFFICE USE ONLY:

Follow up date & time: _____ Follow up action: _____

Position(s) filled? _____

Volunteer name(s): _____

Press Release

Agency logo(s)

Date:

Time:

Contact:

Phone:

Fax:

I. For Immediate Release (Insert suggested title for news article)

City, State – In response to the approximately X gallons of spilled (product name) in (location), the (U.S. Coast Guard / Office of Spill Prevention and Response / Oiled Wildlife Care Network) has/have activated a Volunteer Hotline (1-800-###-####). The Volunteer Hotline will be updated frequently with information on the spill and the response, and callers can leave a message noting their name, phone number, skills, and availability to help.

Volunteers have been extensively used in previous oil spill responses, with activities coordinated through a Unified Command (a decision structure that includes federal and state government representatives). By calling the Volunteer Hotline number, prospective volunteers will get the most up-to-date information on whether their time and skills will be needed to support the Unified Command in its response to possible wildlife impacts.

Volunteers and other people are advised to stay away from the spill site, as their presence can hamper clean-up efforts and increase the danger to both wildlife and humans. Oil is a hazardous material, and to work in or near the oil, one is required to have completed appropriate Hazardous Materials training. Additionally, for the safety of both the public and the animals, only trained wildlife specialists will handle oiled wildlife.

The public can help at this time by reporting any oiled animals to (name of responding OWCN facility) at (general phone number - not the Volunteer Hotline number). This facility is a member of the statewide Oiled Wildlife Care Network, which uses modern equipment and facilities and has trained staff to care for the oiled wildlife. Personnel experienced in animal capture and handling will respond at the earliest opportunity, presenting the best chance for wildlife survival. The public's cooperation is greatly appreciated.

Please call the Volunteer Hotline (1-800-###-####) for frequent recorded updates.