

San Joaquin County Disaster Healthcare Volunteers Mission Request Form

1. **Mission Name:** [Click here to enter text.](#)
2. **Mission Type:** Local Emergency Local Non-Emergency
3. **Mission Dates: Start:** [Click here to enter a date.](#) **End:** [Click here to enter a date.](#)
4. **Shift Times: Start:** [Click here to enter text](#) **End:** [Click here to enter text.](#)

Describe additional shifts, if needed: [Click here to enter text.](#)

5. **Mission Description:** What you want the volunteer(s) to do? Be specific.

[Click here to enter text.](#)

6. **Volunteer Occupation Needed:** [Submit one mission request form per occupation.](#)

Occupation Type: Medical Non-Medical Either

Occupation Needed: Be specific. (e.g., RN with Emergency Department experience)

[Click here to enter text.](#)

How many needed for this mission: [Click here to enter text.](#)

Emergency Credential Level (ECL): For medical occupations only. Check all that apply.

- ECL 1 - Hospital Active ECL 4 - Experienced or Educated
 ECL 2 - Clinically Active No ECL - Indeterminate Credentials
 ECL 3 - Licensed or Equivalent

7. **Requesting Agency or Organization:**

Agency/Organization Name [Click here to enter text.](#)

Name: [Click here to enter text.](#) Title: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#) Cell Phone: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

8. **Check-In Information:** Where and when do volunteers check in?

Address: [Click here to enter text.](#)

Check-In Location: Be specific (e.g., The guard shack located at the northeast gate)

[Click here to enter text.](#)

Check-In Date: [Click here to enter a date.](#) Check-In Time: [Click here to enter text.](#)

Point of Contact: [Click here to enter text.](#) ICS Position: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#) Cell Phone: [Click here to enter text.](#)

Please complete and submit this form to the San Joaquin County EMS Agency emsdutyofficer@sigov.org

San Joaquin County Disaster Healthcare Volunteers Mission Request Form

Email Address: [Click here to enter text.](#)

9. Accommodations Information: Describe what the requesting agency/organization is providing.

Meals: [Click here to enter text.](#)

Lodging: [Click here to enter text.](#)

Transportation: [Click here to enter text.](#)

Other: [Click here to enter text.](#)

10. Working Conditions:

Indoors Outdoors Both

Describe expected working conditions. Be specific.

[Click here to enter text.](#)

11. Preparation Information: What should volunteers bring to be prepared for the mission?

- | | |
|---|--|
| <input type="checkbox"/> DHV/Disaster Service Worker card | <input type="checkbox"/> Flash light and spare batteries |
| <input type="checkbox"/> Government issued photo ID | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Proof of professional licensure | <input type="checkbox"/> Drinking water |
| <input type="checkbox"/> Stethoscope | <input type="checkbox"/> Non-perishable snacks |
| <input type="checkbox"/> Clothing suitable for the HOT climate | <input type="checkbox"/> Waterless hand sanitizer |
| <input type="checkbox"/> Clothing suitable for the COLD climate | <input type="checkbox"/> Personal prescription medications |
| <input type="checkbox"/> Rain gear | <input type="checkbox"/> Personal hygiene products |
| <input type="checkbox"/> Scrubs | <input type="checkbox"/> Change of clothing |
| <input type="checkbox"/> Closed toe shoes or boots | <input type="checkbox"/> Sleeping bag, pillow and air mattress |
| <input type="checkbox"/> Work gloves | <input type="checkbox"/> Cell phone and charger |
| <input type="checkbox"/> Hat or cap | <input type="checkbox"/> Click here to enter text. |
| <input type="checkbox"/> Sun glasses | <input type="checkbox"/> Click here to enter text. |
| <input type="checkbox"/> Sun Screen | <input type="checkbox"/> Click here to enter text. |
| <input type="checkbox"/> Insect repellent with DEET | <input type="checkbox"/> Click here to enter text. |

Please complete and submit this form to the San Joaquin County EMS Agency emsdutyofficer@sigov.org

**San Joaquin County
Disaster Healthcare Volunteers Mission Request Form**

12. Additional Information:

[Click here to enter text.](#)

Please complete and submit this form to the San Joaquin County EMS Agency emsdutyofficer@sjgov.org