



Connecticut Department of Public Health

Public Health Emergency Preparedness (PHEP)

Volunteer Management Programmatic Progress Report

FY 2019-2024

Budget Period: ____ **Quarter:** ____

Region:	
Volunteer Unit:	
Sponsoring Organization:	
Reporting Volunteer Coordinator:	
Reporting Volunteer Coordinator Signature:	
Date of Submission:	

Volunteer Management

1. Please list the meetings that are conducted for the region, their frequency, a description of purpose, and partners that are in attendance. Update as needed. Refer to the contract for meeting requirements. Do not list one-time trainings or meetings not directly related to Volunteer Management.

1. Meeting Title	Frequency
Description of Purpose	
Partners Included	
<input type="checkbox"/> Local Health Departments/Districts <input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, ect.) <input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)	<input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Department of Public Health (DPH) <input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)
<input type="checkbox"/> Other	

2. Meeting Title	Frequency
Description of Purpose	
Partners Included	
<input type="checkbox"/> Local Health Departments/Districts <input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, ect.) <input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)	<input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Department of Public Health (DPH) <input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)
<input type="checkbox"/> Other	

3. Meeting Title	Frequency
Description of Purpose	
Partners Included	
<input type="checkbox"/> Local Health Departments/Districts <input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, ect.) <input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)	<input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Department of Public Health (DPH) <input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)
<input type="checkbox"/> Other	

1. Please list the number of completed activations within the quarter. That means the activation paperwork has been completed, the event has been completed, and the final rosters have been submitted.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

2. Please list the total number of activities/clinics/events for each quarter that were attended/conducted by volunteers for an activation.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

3. Please list the number of new volunteers enrolled in CT Responds per quarter.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

4. Please list the number of volunteers that completed the loyalty oath that were added to CT Responds in that quarter.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

5. Please list the number of background checks performed in your unit per quarter.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

6. Please list the number of verified medical licenses completed by CT Responds in your unit, per quarter.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

7. Please, list the total number of hours each volunteer worked for each quarter.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total