



## Connecticut Medical Reserve Corps (MRC) Volunteer Request Form

Thank you for your interest in the MRC volunteer program. Please use this form to request volunteers for your organization. Please fill out completely and return via email to your associated MRC Unit leadership. Completing the information requested in the form will ensure a successful assignment of volunteers to support your mission. We look forward to volunteering with your organization.

**Organization Name:** \_\_\_\_\_

**Site Location:** \_\_\_\_\_

**Point of Contact Name:** \_\_\_\_\_

**Point of Contact Phone:** \_\_\_\_\_

**Point of Contact email:** \_\_\_\_\_

**Please provide a general description of mission below:**

**The following are role descriptions of MRC volunteers:**

1. **Check in staff:** Ensures sign-in and out of all staff and volunteers assigned to the clinic, as well as supporting other critical record-keeping and documentation activities as assigned by the supervisor.
2. **Greeters—** Welcome clients into the clinic and direct them to the appropriate station. Greeters also answer questions and help anyone with functional issues enter the clinic. In some clinics, greeters help look for anyone exhibiting symptoms to direct them to a medical facility.
3. **Line monitors—**Sometimes referred to as queue guides, line monitors are used throughout the clinic to help people move to the next station and direct them through the process. These guides should also be prepared to answer questions, provide aid, or summon additional help.
4. **Administrator/ screener:** This staff can have multiple purposes. First, they can check to see if a client is showing any symptoms and direct them to medical attention. They can also review completed forms to determine the appropriate medication for each client. Screeners may require specialized training and some clinical staff supervision.
5. **Vaccinator:** Those staff qualified and are administering the vaccination.

6. **Vaccinator Assistant:** Assist vaccinator with any task needed to ensure safe administration of vaccine.
7. **Observer:** Staff qualified to monitor a patient after receiving the vaccine.
8. **Runner:** Work with logistics and inventory manager to fulfill vaccine station and other clinic stations resupply requests. Assists in messaging and other tasks as needed to support logistics and senior management.
9. **Traffic Support:** Help clients access the POD building, manage parking lots, and ensure traffic flows smoothly.
10. **IT Assistant:** Assist with computer set up and breakdown, logins and any other issues as they arise during clinic, they also assist as greeter support if there is a bottleneck and help check people in. In the past they assisted the vaccine recipients in setting up a VAMS account and password assistance.
11. **Language interpreters:** Will assist in language translation.

Please indicate number of volunteers needed for each role, the shift day (M,T,W,Th,F, S,Sn), and shift hours

\_\_\_ Check in staff Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

\_\_\_ Greeter Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

\_\_\_ Line Monitor Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

\_\_\_ Admin./ Screener Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

\_\_\_ Vaccinator Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

\_\_\_ Vaccinator Assnt. Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

\_\_\_ Observer Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

\_\_\_ Runner Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

\_\_\_ Traffic Support Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

\_\_\_ IT Assistant Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

\_\_\_ Language Interp. Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Please indicate which language: \_\_\_\_\_

\_\_\_ Other Shift schedule: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Please describe need: \_\_\_\_\_

**Please provide the following additional information:**

Parking Instructions:	
Volunteer check-in detail: (i.e., location, etc.)	
Dress Code:	
Items to bring: (i.e., water, lunch, etc.)	

Please submit this completed form and address any questions to your MRC Unit Leader. We look forward to working with you.

