



TAHD VOLUNTEER MANAGEMENT POLICY PLAN

Adopted 7.22.2022

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Record of Revisions

DATE	AUTHORIZED INDIVIDUAL	REVIEW TYPE (ANNUAL, POST EXERCISE, POST INCIDENT, ETC.)	PAGES AFFECTED	CHANGE SUMMARY
1/9/2023	MM	Post TA with Regional MRC Advisor	all	Formatted to TAHD plans, added photo release policy, and built on all policies in place

The achievement of the goals of the TAHD may be served by active participation of citizens of the TAHD community. These are community members with a desire to help, who possess a wide variety of backgrounds, qualifications, education, and past experiences.

Purpose of Volunteer Policies

The purpose of these policies is to provide overall guidance and direction to staff and volunteers engaged in volunteer involvement and management efforts. These policies are intended for internal management guidance only, and do not constitute, either implicitly or explicitly, a binding contractual or personnel agreement. The agency reserves the exclusive right to change any of these policies at any time and to expect adherence to the changed policy. Changes to or exceptions from these policies may only be granted by the Director of Health (DOH) and must be obtained in advance and in writing. Areas not specifically covered by these policies shall be determined by the DOH.

Scope

These policies apply to all non-employed or non-contracted volunteers who are not part of a formal public health volunteer group (i.e., CERTS and/or MRC) that volunteer in programs and projects undertaken on or on behalf of the TAHD.

Definitions

A “volunteer” is anyone who without compensation performs a task at the direction of and on behalf of the TAHD.

An “activation” is any period where the volunteer is designated to perform in their scope of volunteer capabilities on behalf of the Torrington Area Health District.

Special Case Volunteers

TAHD also accepts volunteers for those participating in student community service activities, student intern projects, and other volunteer referral programs. In each of these cases, however, a special agreement must be in effect with the organization, school, or program from whom the special case volunteers originate and must identify responsibility for the management and care of the volunteers.

Service at the Discretion of the Agency

TAHD accepts the service of all volunteers with the understanding that such service is at the sole discretion of the TAHD. Volunteers agree that the TAHD may at any time, for whatever reason, decide to terminate the volunteer’s relationship with the agency.

The volunteer may at any time, for whatever reason, decide to sever the volunteer’s relationship with the agency. Termination of the volunteer will be notified to the state volunteer coordinator if affiliated with any organization such as the CERT or MRC within 48 hours for record keeping.

Volunteer Management

The employee in charge of the program or project utilizing the volunteers will be responsible for supervising them. The supervising employee will sign in the volunteer and verify all credentialing information, including licensure status, certifications, and any additional skills or roles the volunteer might assume. The volunteer will be required to show proof of current licensure/registration. All

licensed professionals authorized by the CT State Statute to dispense must have their license verified if not done recently. Go to <https://www.elicense.ct.gov/>. A copy should be kept on file.

Background Check

Volunteers must undergo a background check during onboarding or if they have already been established as a volunteer, when they attend their refresher orientation and receive their loyalty oath. Background checks are provided through Connecticut Department of Public Health through the state management site "CT Responds!" Once consent is received from the volunteer to run the background check, the lead or assistant coordinator may run the background check and will document when it has been submitted in the F Drive records.

Loyalty Oath

To protect volunteers if any injuries may occur during an activation, administration of the statutorily required "Loyalty Oath" to local volunteer civil preparedness force members such as the local Community Emergency Response Team (CERT) members and Medical Reserve Corps (MRC) Members are given during onboarding. Conn. Gen. Stat. §28-12 requires members of civil preparedness organizations to take a loyalty oath every two years.

Maintenance of Records

A system of records will be maintained on each volunteer with the agency, including dates of service, positions held, and duties performed. This system of records will be maintained through the state volunteer management system "CT Responds!" Additionally, there will be records stored and maintained on the F: Drive that will be routinely updated by the Assistant Volunteer Coordinator. The pathway to this record is F:\Region 5 Fiduciary CRI Lead\PHEP.MRC Regional Deliverables 2019 - 2024\MRC\2022-2023\TAHD (MRC Volunteer Activity Log).xlsx. General records will be stored in F:\Region 5 Fiduciary CRI Lead\PHEP.MRC Regional Deliverables 2019 -2024\MRC

Volunteer Activation

Confidentiality

Volunteers are responsible to maintain the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer. Volunteers will be required to sign a confidentiality agreement which will be maintained on file if activated to an event where confidential information may be shared or stored.

Failure to maintain confidentiality will result in the termination of the volunteer's relationship with the TAHD or other corrective actions.

Communication Methods

The method of communication of volunteers may depend on the type of information being disseminated. For regular communications, the usage of email and through the CT Responds! Messaging platform is recommended. For the use of email, please ensure to bcc all volunteers to provide privacy to volunteers. Direct messaging such as texting, calling, or direct emailing the volunteer may be use at the staff's discretion. It is the volunteer's responsibility to keep all contact information current.

Worksite

An appropriate worksite shall be established prior to the enrollment of any volunteer. This worksite shall contain the necessary facilities, equipment, and space to enable volunteers to perform their duties effectively and comfortably. If warranted, volunteers will be provided with protective equipment (gloves, gowns, etc.).

Dress Code

As representatives of the TAHD, volunteers, like staff, are responsible for presenting a good image to clients and to the community. Volunteers shall dress appropriately for the conditions and performance of their duties. The dress code prohibits any foul, offensive language, or suggestive images on any articles of clothing during the duration of the volunteer's activation.

Disorderly Conduct

Conduct of the volunteer that does not represent Torrington Area Health District correctly may be deemed as disorderly conduct. This includes, but not limited to, foul language, offensive language, or gestures, disclosing confidential information to unauthorized persons, disobeying staff commands, etc.

Actions deemed disorderly will result in the termination of the volunteer's relationship with the TAHD or other corrective actions.

Photo Release

A photo release is required for any volunteer who is attending an activation that pictures may be taken. These pictures may be used for recordkeeping, recruitment media, and in any appropriate manner as deemed necessary by authorized TAHD staff. The photo release will be given to all established and onboarding volunteers as a part of their onboarding paperwork.

Sign In

Volunteers will be expected to sign in and sign out during the time worked. The sign-in sheet for volunteers will be designated to a TAHD staff member who will be responsible for ensuring documentation is correct and orderly. Volunteers will be notified on the point of contact for the activation and should report directly to them.

Release of Volunteers

At the end of an activation, volunteers will be notified that their volunteer services have ended. During this time, volunteers will receive a small evaluation survey that provides the opportunity to discuss areas of improvement or concerns that arise during the activation. All surveys will be kept confidential and areas for improvement will be used in evaluation of policies and procedures.

Volunteer Training

Orientation

All volunteers will receive a general orientation on the nature and purpose of the TAHD, an orientation on the nature and operation of the program or activity for which they are recruited, and a specific orientation on the purposes and requirements of the position that they are accepting in that effort. These orientation events are scheduled through the volunteer coordinator based on demand. Notification of orientation will be given through email or through CT Responds! Messaging platform.

Special exemptions such as a volunteer watching a prerecorded orientation session may be allowed under special circumstances deemed through the volunteer coordinator.

On the Job training

Volunteers will receive specific on-the-job training to provide them with the information and skills necessary to perform their volunteer assignments. The timing and delivery of such training should be appropriate to the complexity and demands of the position and capabilities of the volunteer.

Independent Training

Training that is self-paced or that can be taken at any time is considered independent training. Volunteers are always encouraged to build on their knowledge and capabilities. Independent trainings are provided monthly designated through the years training plan. Volunteers are also encouraged to seek out other trainings not offered through the coordinator. Volunteers who complete trainings are encouraged to report completion and send the certificate to the designated coordinator.

Staff Involvement in Orientation and Training

Staff members responsible over delivery of services should have an active role in the design and delivery of both orientation and training of volunteers. Those staff who will be in a supervisory capacity to volunteers shall have primary responsibility for design and delivery of on-the-job training to volunteers assigned to them.

Volunteer Supervision

Requirement of a Supervisor

Each volunteer who is accepted to a position within the TAHD must have a clearly identified supervisor who is responsible for the direct management of that volunteer. This supervisor shall be responsible for day-to-day management and guidance of the work of the volunteer and shall be available to the volunteer for consultation and assistance. Prior to the volunteer working, the supervisor will check with the Business Manager to ensure that the volunteer has liability coverage.

Appendix A: Confidentiality Form



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web
www.tahd.org

“Promoting Health & Preventing Disease Since 1967”

TAHD

Employee/Volunteer/Student Agreement to Maintain Confidentiality of Records

I, _____ have been advised by the TAHD of the legal necessity of protecting the privacy and confidentiality of their records, including public and financial records.

I agree not to disclose any of this information to third parties or persons outside this office, including my family and friends, unless I am specifically authorized to do so by the TAHD in writing. I understand that this restriction extends to revealing any information over the phone.

Any significant or material breach of this confidentiality agreement shall constitute good cause for discharge from employment. In addition, it may subject me to liability and responsibility for any legal damages resulting from unauthorized disclosure.

Date _____

Employee/Volunteer/Student Signature

Director of Health/Designee

Appendix B: Photo Release Form



TORRINGTON AREA HEALTH DISTRICT

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www.tahd.org

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Photo Release Form

I hereby grant Torrington Area Health District permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed in whole or in part and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I further release the Photographer, or others for whom he is acting, from any claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the proper commercial or artistic use of these images unless it can be shown that said reproduction was maliciously caused, produced, and published for the sole purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____

State _____ Zip Code _____

Phone _____

Email Address _____

Signature _____ Date _____

Appendix C: Loyalty Oath Form and Log

[Loyalty Oath Log](#)

Loyalty Oath Form



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
DIVISION OF EMERGENCY MANAGEMENT & HOMELAND SECURITY



DEMHS EMD Loyalty Oath:

“I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Connecticut, against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.”

Authority:

- **Connecticut General Statutes Title 28, §28-12**

EMD Signature

Region Coordinator

Date

Date

25 Sigourney Street, 6th floor, Hartford, CT 06106

Phone: 860.256.0800 / Fax: 860.256.0815

An Affirmative Action/Equal Employment Opportunity Employer

Policy Agreement Form



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Policy Agreement Form

Please Read and Sign

I understand and agree that:

- The statement contained in the volunteer policy and procedures is intended to serve as general information concerning the Torrington Area Health District Medical Reserve Corps and its special programs with respect to its existing policies, procedures, and practices.
- Nothing contained in the volunteer policies and procedures is intended to create, nor shall be construed as creating, an expressed or implied contract or guarantee of volunteering for a definite or indefinite term.
- From time to time the Torrington Area Health District Medical Reserve Corps may need to clarify, amend, and or supplement the information contained in the volunteer policies and procedures, and the company will inform me when changes occur.
- I have received a copy of the Torrington Area Health District Medical Reserve Corps volunteer policy and procedures, have read and understand the information outlined in the manual, have asked any questions I may have concerning its contents, and will comply with all policies and procedures to the best of my ability.
- I understand I may retain this copy of the booklet in my possession while the agency, or until requested to return it.

Volunteer’s Signature: _____

Volunteer’s Name (Printed): _____

Date: _____

Authorized Witness: _____