



# Disaster Response Team

## PRE-REQUISITES

In addition to submitting this application packet, you will also need to include a copy of your valid driver's license, a head shot photo suitable for an ID badge, and certificates of completion for the following courses.\*\* Course requirements are necessary to become a vetted volunteer.

- ◆ Basic Community Emergency Response Team (CERT) course certificate of completion; see our CERT training calendar for upcoming trainings at [rivcocert.org](http://rivcocert.org)
- ◆ [IS -100.b Introduction to the Incident Command System, ICS 100](#)
- ◆ [IS - 200.b ICS for Single Resources and Initial Action Incidents](#)
- ◆ [IS - 700.a National Incident Management System \(NIMS\) An Introduction](#)

Of the courses below, **you must only complete one**:

- ◆ [IS - 244.b Developing and Managing Volunteers](#)
- ◆ [IS - 288.a The Role of Voluntary Organizations in Emergency Management](#)
- ◆ [IS - 909 Community Preparedness: Implementing Simple Activities for Everyone](#)

*\*\*Most courses are hyperlinked to the FEMA Independent Study website, where you can take each course at your leisure. Here is the link to the FEMA training website: <https://training.fema.gov/>*

Please email your completed application to [EMDVolunteer@rivco.org](mailto:EMDVolunteer@rivco.org) or you may mail it to:  
County of Riverside EMD  
ATTN: Volunteer Program  
4210 Riverwalk Pkwy  
Ste. 300  
Riverside, CA 92505

## NEXT STEPS...

Once pre-requisites are completed, volunteers will take the required Live-Scan background check, at no cost to the volunteer.

After passing the background check, an orientation will be scheduled and volunteers will officially swear in as Disaster Service Workers and receive the volunteer handbook of policies and procedures.

Congratulations and welcome to the EMD Volunteer Family!



**County of Riverside Emergency Management Dept.**

**Preparedness Division**

4210 Riverwalk Pkwy, Suite 300  
 Riverside, CA 92505  
 (951) 358-7100

**VOLUNTEER APPLICATION - DRT**

Date				Date of Birth					
<b>County Disaster Response Team Roles - I'm interested in:</b>									
Team Lead		Assistant Team Lead		General Volunteer					
<b>Contact Information</b>									
Last Name			First			Middle			
Home Address			Apt/Bldg	City		State	Zip Code		
Home Phone	Business Phone		Cell Number		Fax Number		E-Mail Address		
My preferred mailing address is:									
Are you a citizen of the United States?				Yes	No	If no, are you authorized to work in the U.S.?			
						Yes	No		
<b>Emergency Contact Information</b>									
Name			Day Phone		Evening Phone		Relationship		
Name			Day Phone		Evening Phone		Relationship		
<b>Experience (Include paid and/or volunteer work experience, beginning with most recent.)</b>									
Organization Name			City	State	Zip Code	Phone			
From To			Position Title & Duties:						
Organization Name			City	State	Zip Code	Phone			
From To			Position Title & Duties:						
Organization Name			City	State	Zip Code	Phone			
From To			Position Title & Duties:						
<b>Current Licenses and Certifications (Use additional sheets as necessary.)</b>									
Type			Number			State	Expiration Date		
Type			Number			State	Expiration Date		
Type			Number			State	Expiration Date		
<b>Language Skill Proficiencies</b>									
Language:		Speak:	High	Med	Low	Read:	High Med Low	Write:	High Med Low
Language:		Speak:	High	Med	Low	Read:	High Med Low	Write:	High Med Low
<b>Availability</b>									
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
AM	AM	AM	AM	AM	AM	AM			
PM	PM	PM	PM	PM	PM	PM			



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**VOLUNTEER APPLICATION - DRT**

**Skills (Please check all that apply.)**

18 years of age or older, per DSW regulations (CA Code of Regulations, Title 19, §2570-2573.3)	Supervisory experience - up to 1 yr	Previous deployment experience in a multi-agency or multi-jurisdictional emergency or disaster	Experience working in disaster shelter operations
Ability to work under supervision	Supervisory experience - 1 yr or more	Demonstrated knowledge of amateur radio services and CB or other radio services and equipment	Experience working in disaster-related mass care and feeding
Ability to act in a lead capacity	Previous experience working in an assigned position in a multi-agency or multi-jurisdictional disaster exercise	Knowledge of multiple radio services and equipment	Experience in hauling a trailer and/or fort
Ability to supervise or act as a volunteer coordinator			

**References (Please provide at least one professional/volunteer reference and one character reference.)**

<b>Last Name</b>	<b>First</b>	<b>Relationship</b>
<b>Organization Name</b>	<b>Mailing Address</b>	<b>Phone</b>
<b>Last Name</b>	<b>First</b>	<b>Relationship</b>
<b>Organization Name</b>	<b>Mailing Address</b>	<b>Phone</b>

**A "yes" answer to the following italicized question does not necessarily disqualify an applicant.**

*Have you ever been convicted of a felony or misdemeanor?*                      Yes                      No  
*If yes, please explain.*

*Note: Background screenings indicating any automatic disqualifiers or failure to disclose previous convictions will preclude the candidate from Emergency Management Dept. volunteer programs.*

In an effort to assure your safety and the safety of employees, volunteers, and those we serve, the County of Riverside requires that all affiliated employees and volunteers complete a background screening prior to employment or registered volunteer service.

By my signature below, I declare that all written information contained within this application is true. I understand that falsification of information is grounds for disqualification and/or immediate dismissal. I authorize investigation of all statements contained in this application and my support documents. I authorize the County and any of its agents to verify any information on this application and I authorize release of any such information. I hereby release the County from any liability arising from this investigation.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **Riverside County Info/Photo/Video Release Form**

I hereby give my consent for Riverside County to use my name, likeness and voice for any purposes, including but not limited to marketing projects, brochures, reports, websites, television programming and public-education advertisements.

I also hereby give my consent for Riverside County to use the name, likeness and voice of my minor child or children named below for any purpose, including those mentioned above.

I release Riverside County from any expectation of confidentiality for myself and each minor child named below and I attest that I am the parent or legal guardian of each child listed below. I agree and understand that I and any minor child named below will NOT receive compensation of any kind from Riverside County in exchange for my consent or for our participation in any project (including but not limited to marketing, video, audio, website, news release, etc.) conducted by Riverside County.

Adult/Parent name (please print) \_\_\_\_\_

Adult/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Location: County of Riverside Emergency Management Department

Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_



Applicants must submit all application forms directly to the County department where they are applying to volunteer. Please do NOT submit this form to the Human Resources Department or Risk Management. Each County department administers its own volunteer program, if any, and may use a different form or application.

**SECTION 1 - COUNTY DEPARTMENT INFORMATION**

County Department Name: <b>Emergency Management Dept.</b>	Department Division/Office/Program: <b>Preparedness Division</b>	Date:
Volunteer's Name:	Volunteer Assignment Title or Description:	
Volunteer Coordinator/Program Manager's Name: <b>Dana Lagunas / Jennifer Smith</b>	Coordinator/Manager's Phone: <b>951-358-7100</b>	Mail Stop #: <b>3942</b>

**SECTION 2 - VOLUNTEER ACKNOWLEDGMENT** (The Volunteer completes and signs this section.)

As a volunteer, I acknowledge, understand and agree to the following:

- A "volunteer" means a person who performs authorized voluntary service to County of Riverside, or a department, institution or agency thereof, without pay, for the benefit of the County and in aid of a recognized County purpose. A volunteer is not an employee and may be released at any time, without cause or reason, and without right of appeal.
- I may not volunteer while my ability to perform my duties is impaired due to alcohol or drug use. I may not use or possess controlled substances at any time or use alcohol while on duty or on County property. If taking medication which may affect my performance of duties, I must report this to the County department/agency's volunteer coordinator/program manager before beginning my assignment.
- I will not disclose at any time confidential information to which I have access during my assignment as a volunteer with the County of Riverside. This information includes, but is not limited to, medical records or files, vital records, and statistics. I will also strictly protect the confidentiality of all County employee/personnel information to which I have access. I am required by State and/or Federal law to maintain confidentiality and that failure to uphold this requirement may result in immediate release.
- In the event of a volunteer assignment-related injury or illness, it is my responsibility to notify my volunteer assignment supervisor immediately. If my volunteer assignment supervisor is unavailable, I will contact the County department/agency's volunteer coordinator/program manager to report my volunteer assignment-related injury or illness.
- Prior to driving my personal vehicle or a County vehicle during volunteer assignment hours, I must contact my volunteer assignment supervisor for approval. I will need to complete the "Authorization to Drive" form and also provide a current DMV printout, my unexpired drivers' license and proof of automobile insurance. While driving my own personal vehicle my auto insurance shall be primary while in the course and scope of my assignment with the County of Riverside.
- My failure to report to a scheduled volunteer assignment without contacting my assignment supervisor may result in immediate release.

I have also read and understand the information provided to me on the Volunteer Insurance Program. I understand the County of Riverside does not provide Workers' Compensation Insurance to volunteers.

I understand the County of Riverside provides liability insurance while in the course and scope of the volunteer's activity/responsibility except, but not limited to, the following:

- Willful, wanton acts.
- Abuse, sexual abuse, assault and battery.
- Acts/activities not within the course and scope of the volunteers' activities/responsibilities.

I also understand that if I have further questions regarding the Volunteer Insurance Program, I may contact the Human Resources Department's Risk Management Division at (951) 955-3540.

Additionally, I know that volunteers are to park their private vehicles in the Public Parking areas at all County Facilities and that the County of Riverside is not responsible for the payment of fines resulting from parking in County employee's parking spaces per the County of Riverside's Administrative Policy.

\_\_\_\_\_  
Volunteer Signature Date

\_\_\_\_\_  
Volunteer Name Printed

\_\_\_\_\_  
Parent/Guardian Signature (for minor volunteers) Date

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Witness Signature Date

\_\_\_\_\_  
Witness Signature Printed

**SECTION 3 - VOLUNTEER EMERGENCY CONTACT INFORMATION**

Emergency Contact Name:	Relationship:
Home Telephone:	Work Telephone:
Street Address, City, State, and Zip Code	

### *Exclusions to Excess Automobile Liability Insurance:*

Contact Risk Management for a complete listing of the exclusions.

#### **IV. Commonly asked questions:**

- My personal vehicle was damaged in an accident while I was volunteering; will the County cover the deductible for the repairs?

No. The coverage is for liability claims only. There is no coverage for physical damage to the volunteer's car.

- Medicare says that my insurance should pay first. What should I do?

We can help! The coverage is specifically in excess over your own medical insurance, Medicare or otherwise. Call Risk Management at 909-955-3540 and we will assist you.

- I see that the policy provides excess protection if the volunteer causes bodily injury or property damage to someone else. What if there is an allegation of sexual misconduct or sexual abuse?

The policy does not provide protection in the event of a criminal proceeding, but it may provide protection in the event of a civil proceeding. As an example, the volunteer would be entitled to a defense against an allegation of sexual abuse or sexual misconduct under the personal liability policy. **However, the policy would not defend or indemnify the volunteer if he/she admitted wrongdoing, or if the allegations against the volunteer are proven true.**

- How do we file a claim?

For any type of claim, the volunteer first needs to report the incident to the department's volunteer coordinator. An accident "proof of loss" claim form must be submitted. Both the volunteer and the coordinator must complete the form and fax it to Risk Management. The department must keep a copy for its records and provide a copy to the volunteer. The volunteer must submit all bills to his/her own existing insurance first. Once you have a copy of the existing insurance "Explanation of Benefits" form(s), send it/them to Risk Management at the address shown on this brochure, along with a copy of the "proof of loss" form.

For a claim against the volunteer alleging that he/she caused bodily injury or property damage while volunteering, the volunteer should contact the department's volunteer coordinator immediately. Provide Risk Management with as much detail as possible regarding the incident and **obtain copies of any police reports.** The department will obtain a signed statement from the volunteer indicating that he/she was volunteering on behalf of the County of Riverside at the time of the incident.

#### **Further questions?**

Risk Management has copies of the policies along with additional information concerning the extent and the limitations of these policies.

**Contact Risk Management at (909) 955-3540 for this information.**



#### **Risk Management Division**

P.O. Box 1210

Riverside, CA 92502

PH: (951) 955-3540 • FAX: (951) 955-5855

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# **Volunteer Insurance Program**

## COUNTY OF RIVERSIDE VOLUNTEER INSURANCE PROGRAM

It doesn't happen often, but when it does, the results can be serious...a volunteer is injured, or injures someone else, while performing his or her volunteer duties. Sometimes, the volunteer's own personal insurance is not enough to take care of the damage. The County of Riverside now offers three kinds of **Excess** Volunteer Insurance Coverage for all County departments that utilize volunteers.

### SUMMARY OF COVERAGES

#### I. Excess Accident Medical Coverage

This coverage is in excess of Medicare, Medicaid and any other personal or group insurance that the volunteer has in place. The excess accident medical coverage will pay up to \$25,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. The insurance applies while the volunteer is traveling directly to and from, and while they are participating in, volunteer-related activities. **Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period up to the maximum following the accident.**

Other than X-rays, dental care is covered up to \$500 per tooth for accidental injury to teeth and/or repair of dentures. Maximum benefit is \$900 per accident. This coverage also

provides up to \$50 annually for repair or replacement of eyeglass frames and up to \$50 annually for repair or replacement of eyeglass prescription lenses damaged as a result of a covered accident. The maximum payment under this coverage, including dental and eyeglass expenses, is \$25,000 for 1 year.

**This insurance does not duplicate benefits payable under Medicare or any other valid and collectible insurance coverage.**

Accidental Death and Dismemberment Coverage:

In addition to the accident medical coverage, the insurance company will pay benefits for death or loss of limb or sight, occurring within one year as a result of a covered accident.

*Exclusions to Accident Insurance:*

Contact Risk Management for a complete listing of the exclusions.

#### II. Excess Volunteer Liability Insurance

All enrolled County volunteers (collectively) of the County are provided with Excess Volunteer Liability insurance to a limit of \$1,000,000 per occurrence (subject to an annual aggregate). This policy provides protection if the volunteer is liable for bodily injury or property damage arising out of the performance of his or her duties while at or on behalf of the County. **This coverage is in excess**

**of and Noncontributing with any other valid and collectible insurance the volunteer may have.**

#### III. Excess Automobile Liability Insurance

This coverage provides an extra layer of protection for the enrolled County volunteer who is required to drive to perform his/her duties. This insurance applies only after a volunteer's own personal insurance is exhausted, **or the policy's retention has been exceeded.** Volunteers are protected for bodily injury or property damage claims arising out of their activities, (including driving directly between their home and the volunteer location.)

The liability policy is written on a combined single limit (including both bodily injury and property damage) of \$500,000 each accident. This insurance is in **excess** of the greater of:

- A. \$50,000 each accident,
- B. an amount equal to the applicable limits of liability of any other collectible insurance; or
- C. an amount equal to the minimum limit of liability required under the motor vehicle financial responsibilities laws of the state of California.

**It is important to remember that you as a volunteer must maintain your own auto liability coverage at least equal to the state-required minimums. Also, please remember that this coverage does not apply to any physical damage to your vehicle.**