|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Part I – to be completed by requesting jurisdiction | | | | | |
| Date |  | | | Time |  |
| From jurisdiction of | | |  | | |
| Contact person | | |  | | |
| Contact telephone | | |  | | |
| Contact email | | |  | | |
| Contact fax | | |  | | |
| Mission Medical Director | | |  | | |
| Medical Director email | | |  | | |
| Medical Director telephone | | |  | | |
| ­Incident requiring response | | | | | |
|  | | | | | |
| Type of assistance or volunteers requested | | | | | |
|  | | | | | |
| Are you also requesting funds for volunteer food, travel, lodging, and/or PPE? | | If yes, enter needed expenses and cost allocation? *Must be at or below GSA per diem rates for current year.* | | | |
| YES  NO | |  | | | |
| List known hazards to personnel*Site safety plan must be submitted prior to deployment of volunteers* | | | | | |
|  | | | | | |
| Are you able to provide all PPE for volunteers based on known and potential hazard assessment? | | If no, please describe PPE that is needed to ensure responder health and safety. ***If state cannot issue, these items may be purchased with associated cost that may or may not be reimbursable. Cost calculations can be added following initial request.*** | | | |
| YES  NO | |  | | | |
| Job description 1 | | |  | | |
| License type needed for job 1 | | |  | | |
| Number of volunteers needed to fill job 1 | | |  | | |
| Job description 2 | | |  | | |
| License type needed for job 2 | | |  | | |
| Number of volunteers needed to fill job 2 | | |  | | |
| Job description 3 | | |  | | |
| License type needed for job 3 | | |  | | |
| Number of volunteers needed to fill job 3 | | |  | | |
| Reporting information | | | | | |
| Date and time to report  (include time for check-in and orientation) | | | Shift 1:  Shift 2:  Shift 3:  Shift 4: | | |
| Address | | |  | | |
| On-site volunteer contact | | |  | | |
| Additional information/comments | | | | | |
|  | | | | | |

Authorized official’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized official’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Part II – to be completed by OHA | | | | |
| Date received |  | | Time |  |
| Received by |  | | | |
| OERS number (if any) | |  | | |
| Incident manager (if any) | |  | | |
| Next actions | |  | | |