


DEPARTMENT:	
	TOPIC: Emergency Management – Volunteer & Donation Management Plan
REPORT PREPARED BY: Mike Pearl REPORT PRESENTED BY: Mike Pearl	

PURPOSE OF REQUEST

To receive council approval for the Volunteer and Donation Management Plan

BACKGROUND

The Volunteer and Donation Management Plan has been created and will be incorporated into the current Municipal Emergency Management Plan (MEMP) to provide the framework for how volunteers and/or donations are managed during a large-scale emergency, event, or recovery efforts thereafter.

This plan outlines the types of donations that are accepted by Foothills County and the processes which volunteers are screened, utilized and accounted for and covered by Workers Compensation Board insurance.

Emergency Management drafted the plan which was reviewed and approved by Legislative Services and the Emergency Advisory Committee who recommended the plan be presented to council for approval.

REQUEST OF COUNCIL

Proposed Motion:

That council accept and approve the Volunteer and Donation Management Plan as presented.

APPENDICES

Appendix A:
Volunteer and Donation Management Plan



Volunteer And Donation Management Plan



Contents

Introduction.....	2
Amendments.....	2
Definition of Volunteer.....	2
Volunteer Rights and Responsibilities.....	3
Volunteer Safety.....	3
Volunteer Coverage.....	3
Activation.....	4
Location.....	4
Volunteer Recruitment Process.....	4
Donations.....	4
Forms.....	5
** Appendix A, B, C, D available and for printing from the Emergency Management Drive	
Registration Form (Appendix A)	
Volunteer Liability Waiver (Appendix B)	
Volunteer Sign In/Out (Appendix C)	
Code of Conduct (Appendix D)	

Introduction

When an incident or large-scale emergency occurs, people often want to volunteer their time and services or provide donations to assist their communities and neighbours in meaningful ways. It is critical to understand however, that unless volunteers and donations are appropriately screened, guided, and managed during an incident, these well-intentioned actions may cause unintended negative implications for the management of the emergency. Having a plan in place to receive, organize and monitor volunteers will ensure the effective capture of these resources.

The purpose of this plan is to provide guidance to Foothills County on how to productively organize and deploy volunteers according to their unique abilities and effectively manage incoming donations. The Volunteer and Donations Management Plan is to be incorporated into Foothills County **Municipal Emergency Management Plan (MEMP)** and to work with our **Emergency Social Services Plan (ESS)**.

This plan has been created for Foothills County but can also have shared responsibility with Mutual Aid Partners, Non-Government Organizations (NGOs) or volunteer entities. This plan will be used for activation and implementation during response or recovery from an emergency or event.

Amendments

Amendment Number	Date of Amendment	Amended by:
VDMP – 01	December 2019	M. Gagne
VDMP – 02	February 2020	M. Gagne
VDMP – 03	September 2021	D. Hartman
VDMP - 04	May 2022	D. Hartman
VDMP – 05	October	C. Wight

Definition of Volunteer

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

A “volunteer” must be officially accepted and enrolled by the County prior to performance of the task. Volunteers shall not be considered an employee of Foothills County.

Volunteer Rights and Responsibilities

Volunteers are viewed as a valuable resource to this agency, its staff and its clients. Volunteers shall be given meaningful assignments, treated as equally important to the organization and recognized accordingly for their contributions.

In return, volunteers shall agree to actively perform their duties promptly and reliably. Accept the decisions and guidance of the assigned supervisor and remain loyal to the goals and procedures of the agency.

Volunteer Safety

Safety is the primary consideration during any response or recovery effort. Volunteers will never be asked to take undue personal risks or work beyond the scope of their experience or training.

Volunteer intake procedures are critical for managing certain inherent risks associated with spontaneous volunteers. Volunteers need to accept a certain level of risk, inherent in all emergencies and remain resilient.

Volunteer coverage

Workers' compensation insurance provides volunteer workers with the benefits and services needed to help them get back to work safely when an injury happens.

A volunteer worker is anyone who works:

- As a volunteer or unpaid worker (this includes family members).

Volunteers or unpaid workers are automatically considered workers under the workers' compensation system.

Activation

The Volunteer and Donations Management Plan will be activated based the decision of the Director of Emergency Management (DEM). Reasons for activation may include but are not limited to:

- Nature of the incident draws or requires volunteer resources
- Incident covers many operational periods requiring augmentation of staffing support
- A large number of unsolicited volunteers show up
- Volunteers with particular skills or knowledge could enhance response/recovery activities
- Financial or specific donations by request

Location

The location of the Volunteer intake and donation facilities will be managed and coordinated by the ESS branch; however, they will be operated from separate locations.

Volunteer Recruitment Process

Once the Volunteer Intake Facility has opened, the County can start its volunteer recruitment process. All volunteers must fill out paperwork prior to being assigned deployment. These forms include but are not limited to:

- Registration forms
- Liability Waiver, Confidentiality Agreement
- Volunteer Sign In/Out
- Code of Conduct

Once all forms have been completed the Volunteer must follow sign in procedures for the day and report to their supervisor.

The supervisor will go through a Field Level Hazard Assessment, with their team before work commences.

At the end of the shift the Volunteer **must** return to the Intake Facility and follow sign out procedures prior to leaving for the day.

Donations

Foothills County will only accept donations received in Cash, Cheque, or Money Transfer.

No other types of donations will be accepted unless a specific request has been made.

Forms

Additional Notes:

Appendix A, B, C, D, available for printing from the Emergency Management Drive.

Appendix A: [Registration Form](#)

Appendix B: [Liability Waiver Form](#)

Appendix C: [Volunteer Sign In/out Form](#)

Appendix D: [Code of Conduct](#)



Disaster Volunteer Registration Form

PERSONAL INFORMATION	
Name	
Address	
Municipality/Postal Code	
Home Phone (area code)	
Cell Phone (area code)	
Email Address	
Emergency Contact (EC)	
EC - Phone Number (area code)	

EXPERIENCE (paid and volunteer, beginning with most recent)			
Position	Organization	Dates	Primary Duties

VOLUNTEERING PREFERENCES	
Volunteer Work Interests (List specific types of work)	
Availability (days/hours)	
Access to vehicles or Equip. for volunteer work?	YES or NO If Yes what type-

Name (Please print)

Date

Signature



VOLUNTEER WAIVER OF LIABILITY

PLEASE READ CAREFULLY
BY SIGNING THIS FORM, YOU ACCEPT CERTAIN OBLIGATIONS
AND GIVE UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

Name of Volunteer	Last Name:	First Name:
Phone Number	()	Date of Birth:
Email:		
Emergency Contact	Last Name:	First Name:
Relationship	Phone Number:	() EXT:

Role:			
Location:		Date:	
Supervisor:		Phone Number:	() EXT:

Thank you for volunteering with Foothills County. Your volunteer contribution is critical in helping the County carry out its mission. We want to ensure that your volunteer experience is a safe and rewarding one.

Acceptance of Responsibilities

In consideration of my volunteer work, I understand that I am not entering into an employment relationship with Foothills County and that I am not entitled to receive any payment or employee benefits. I understand that my duties and responsibilities have been explained in detail. I understand that either the County or myself may terminate this volunteer relationship at any time without notice. I also understand that I have an obligation to respect the confidentiality of any sensitive information or dealings which may relate to my volunteering at the County and I agree that I will not disclose any information without prior written authorization from Foothills County. I understand that my obligation of confidentiality continues into perpetuity.

Assumption of Risks

I acknowledge that I am aware of, and freely accept **all risks, dangers and hazards** associated with being a volunteer within Foothills County, including the possible risk of severe or fatal injury to myself or others. These risks include, but are not limited to:

1. The risks associated with traveling on a commercial, public or private vehicle to and from locations to be visited which could include, but not limited to, a vehicle accident resulting in severe physical injuries or death.
2. General health risks such as allergic reactions to food, animals, environment.
3. Injuries and/or sickness by failing to follow directions and/or instructions and guidelines, which may have been provided from those in charge of the event.

Initials: _____

Release of Liability and Indemnification

In consideration for Foothills County allowing me to volunteer, I agree:

1. that Foothills County, its employees, volunteers, and representatives (hereinafter referred to as "Foothills County") are not responsible for any loss, damage, injury or expense of any kinds sustained by me while participating in this program and all related activities, including any loss, damage, injury or expense that might result from the negligence of Foothills County.
2. to **WAIVE ANY AND ALL CLAIMS** that I have, or may in the future have, against Foothills County arising out of any aspect of my participation in this program and **to RELEASE** Foothills County from any and all liability resulting from any loss, damage, injury (including death) or expense that I may suffer as a result of my participation in this program, due to any cause whatsoever, including without limitation, negligence, breach of contract, or breach of any statutory or other duty of care, as well as any duty of care owned under the Occupiers' Liability Act (Alberta) on the part of Foothills County;



VOLUNTEER WAIVER OF LIABILITY

- 3. to **INDEMNIFY AND HOLD HARMLESS** Foothills County in relation to:
 - a. any damage to Foothills County property caused by me.
 - b. all claims, demands, actions and costs which might arise out of my participating in this program, even though such claims, demands, actions and costs may have been caused by the negligence of Foothills County.

Initials: _____

Medical/Health Insurance and Other Personal Insurance

No medical/health insurance will be provided by Foothills County, beyond coverage provided by Foothills County WCB coverage. In the event of a medical/health problem, Foothills County accepts no responsibility for any costs associated with a medical/health problem nor will Foothills County pay for any medical/health expenses that may be incurred by the volunteer.

Acknowledgement

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT before signing it, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators, and representatives. Further, I acknowledge and agree:

I will follow all rules, guidelines and abide by all risk assessments, health and safety regulations and instructions received prior to or during the above noted volunteer activities.

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of administering this program. Direct any questions about this collection to:

SIGNED THIS _____ day of _____, 20____, at _____.

Signature of Volunteer (must be over 18)

Signature of Witness

Print Name

Print Name

Note: This Agreement must be completed in full (signed, dated, witnessed, and initialed where indicated) prior to any volunteer beginning deployment duties. Document must be copied to a single page back-to-back when used. Signed documents must be filed with the Department and be kept for a minimum of five years.



Foothills County Volunteer Code of Conduct

At Foothills County, we expect the highest level of personal conduct from all staff, workers, and volunteers, regardless of position. In recognition of the powerful impact volunteering has on society, communities, organizations, and individuals, Foothills County has created a Code of Conduct for volunteers to adhere to, to ensure successful integration of volunteers while meeting the needs of both the organization and its volunteers.

Volunteers shall ...

- act ethically, honestly and with integrity while advocating as a volunteer with Foothills County.
- treat all county employees, volunteers, and community members with respect, courtesy, and dignity.
- not exhibit discrimination against ethnic, national, and cultural differences. Recognize the value and worth of each individual.
- accept responsibility for my actions and accept responsibility for the consequences of my actions.
- attend in a fit condition to carry out assigned duties effectively (e.g., not under the influence of alcohol or illegal drugs).
- dress appropriately for the type of work that you will be doing.
- clean up after yourself and keep a safe, clean work environment

Harassment, bullying, victimization and other actions and behaviors which undermine the well-being of your colleagues will not be tolerated. It is important that you treat your colleagues and everyone you come into contact with during your volunteer shift with respect acting with a supportive and cooperative manner. Keeping in mind, Foothills County's interest and reputation to be upheld. Through my signature below, I acknowledge my intent to accept and follow these responsibilities and expectations.

Date

Name of Volunteer (Printed)

Signature of Volunteer

Witnessed by (Printed)

Signature of Witness