

## Team Contact Information

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**The Madison County PlayCare Action Team** is organized under the oversight of the Madison County Department of Public Health. Volunteer coordination is provided by the United Way of Madison County.

### The PlayCare Task Force

The Madison County PlayCare Task Force has the following role:

- to provide governance, oversight, and strategic vision for the local PlayCare Response Team
- to establish and maintain a credible community presence for the PlayCare Response Team
- to represent the PlayCare Response Team in local emergency response and recovery planning
- to develop systems for recruiting, training, and deploying PlayCare volunteers, including assignment of Incident Command Staff, Strike Team, and Site Director leadership positions
- to develop and maintain equipment for the PlayCare Response Team

Founding Members:

Stephenie Grimes Public Health Coordinator	First responder rep	Community rep
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## Team Expectations

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One of the core principles of disaster response endorsed by Project K.I.D. and the PlayCare Model is that ***Trust can't be surged***. Trusting relationships are key to effective response and recovery, and trusting relationships are built from the ground up through ongoing interaction in preparedness and response planning in local communities.

The Madison County PlayCare Action Team will meet at least quarterly to cultivate familiarity among team members, conduct ongoing training, participate in exercises, and promote social networking with other organizations and individuals involved in disaster preparedness and response.

Team Member Expectations:

- Complete Volunteer Application and Liability Waiver
- Attend PlayCare Training
- Read and agree to adhere by Child Protection Guidelines adopted by the team.
- Complete Background Check
- Attend a minimum of two team meetings annually.
- Agree to adhere to governance of Madison County PlayCare Action Team Task Force and to adhere to all principles of Incident Command during deployments.



## **Deployment Preparation and Safety**

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**Whether you are responding for a few hours near home or for several days in another state or country, you must make plans to be as self-sufficient as possible while participating in any disaster response or exercise.**

This includes making provisions for your personal needs, including food, water, personal medications, housing. You should take adequate health precautions, including up-to-date immunizations, wearing protective clothing, sunscreen, etc. Your team will make every effort to provide drinking water and food and to make group travel and housing arrangements when necessary. Nevertheless, you should be prepared to weather unforeseen contingencies typical of a disaster scene.

### **Deployment Preparation Checklist**

- Pack simple food, snacks for yourself for 3 days, including any special dietary needs.
- Carry several bottles of water. (If you are flying, obtain a personal water supply water as soon as possible.)
- Pack a personal first aid kit and any personal medications you may need during deployment. Pack for more days than you plan to be away.
- Wear/pack appropriate clothing for the climate. Including outerwear and some type of hat for protection.
- Shoes should be comfortable and closed toe, such as work/hiking boots or sturdy tennis shoes.
- Showers may be hard to come by. Pack personal toiletries accordingly, with powder, deodorant, body wipes for freshening.
- Women, pack sanitary products. There may be no place to purchase them.
- Pack sunscreen, bug spray, lip balm and other protective items as appropriate for climate.
- Pack a cell phone, AC and battery chargers, extra batteries. Be sure to carry emergency numbers for your own family and friends, and leave your destination information with them.
- Pack a flashlight.
- Pack personal identification, including driver's license and emergency credentials.
- Pack some downtime activity. A novel, magazines, card games, etc.
- Pack your PlayCare Training Manual!



## **Deployment Safety**

**The safety of all participants comes before any other goal. Where safety is concerned, the Site Coordinator and any incident safety officer has authority!**

**Your PlayCare Response Team is *responsible* and *liable*** for the safety of each participating child. Your team, Project K.I.D., and the credibility of the PlayCare Model depend upon you, the volunteer responder, to attend foremost to the safety of all children and personnel.

**Before you deploy, be sure you are physically and mentally prepared for the job.** PlayCare Response Teams participate in disaster responses and disaster training exercises and drills that involve the provision of emergency care for children in the earliest post-disaster response. Volunteers participating in any field exercise or active disaster response must be in excellent health (able to physically lift site supplies and small children up to 50 lbs. and keep up with the strenuous physical demands of active play), have up-to-date immunizations, and be prepared for the physical and emotional stress of the environment.

**Know what to expect.** During emergencies, helpful information for responders and volunteers can usually be found at the FEMA ([www.fema.gov](http://www.fema.gov)) and/or CDC ([www.cdc.gov](http://www.cdc.gov)) websites, and these sites should be consulted prior to deployment away from your home area.

**During deployments, use the Buddy System.** Identify your buddy, keep your buddy aware of your actions, and of how you are feeling. When in doubt about your health or your ability to provide care for children in your charge, seek relief and take time to rest and replenish with food and water.

**If You, or Anyone, Needs Help: S.T.O.P.**

**Stop** Do not panic, identify your buddy or the nearest person, and let them know you need help

**Think** Identify the specific nature of the problem before you decide what to do. (A relatively minor cut to a child's head may involve a lot of blood! In a desert environment, a cactus spine can feel like a snake bite.)

**Observe** Keep aware of resources available near shelters. Keep aware who is nearby whenever you are outside a shelter. Who can you reach to assist with a problem?

**Plan** Consult with your team. There will be first aid kits at the PlayCare site. Be sure if you are the driver of a vehicle that you keep your keys on your person. Always inform at least one other person before you leave the PlayCare site for any reason.



## Volunteer Application

Thank you for your interest in becoming a volunteer with the Madison County PlayCare Action Team. It is our goal to ensure the skills, experience and interest of our volunteers are suitable to the demands of working with children in emergency situations. We also want to ensure the safety and security of all children and volunteers. Please take the time to respond to the following questions.

### I. GENERAL

#### 1. Contact Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License State and No: \_\_\_\_\_

Previous Names Used (including maiden) \_\_\_\_\_

Previous Counties/States of Residence \_\_\_\_\_

#### 2. Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Alternate Emergency Contact (Name and Phone) \_\_\_\_\_

**3. Volunteer Position Interest (check all that apply):**

<input type="checkbox"/> <i>PlayCare Response Team Task Force</i> (team governance, administration, and ambassador)	<b>Support Positions:</b> <input type="checkbox"/> <i>Office Administration</i> <input type="checkbox"/> <i>Public Relations</i> <input type="checkbox"/> <i>First Responder Liaison</i> <input type="checkbox"/> <i>VOAD Liaison</i> <input type="checkbox"/> <i>Volunteer Management</i> <input type="checkbox"/> <i>Donations Management</i> <input type="checkbox"/> <i>Logistics (includes drivers)</i> <input type="checkbox"/> <i>Communications</i> <input type="checkbox"/> <i>Youth Volunteer Team</i>
<input type="checkbox"/> <i>PlayCare Strike Team Leader</i> (oversight for team deployment). Commitment desired for entire deployment phase.	
<input type="checkbox"/> <i>PlayCare Site Coordinator</i> (direct care, personnel management and site oversight) Minimum one-week commitment during deployment, longer commitment preferred.	
<input type="checkbox"/> <i>PlayCare Volunteer Caregiver</i> (direct care for children in emergencies)	

**4. Do you have any health conditions you feel will affect your ability in this position?**

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**5. How did you hear about this opportunity to volunteer?**

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**6. Miscellaneous**

- Are you able to provide your own transportation to/from deployments? Y / N
- Automobile Insurance company and policy number: \_\_\_\_\_
- Do you carry personal liability insurance (umbrella policy)? Y / N

## II. EXPERIENCE

### 1. Previous experience working with children (circle all that apply)

None	In-home Child Care	Center-based Child Care	School Teacher
After-school Programs	Youth Sports Coach	Bus Driver	Parent

**Please describe any work experience with children:**

### 2. Previous experience in disaster response (describe all training, volunteer service, deployments):

Are you CPR Certified?            Y / N            Expires:

Are you First Aid Certified?      Y / N            Expires:

### 3. Do you have any other special training or skills relevant to this work? Please describe.

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### III. SCREENING

**PLEASE ANSWER THE FOLLOWING QUESTIONS, if you answer yes, please explain:**

1. Have you ever been convicted of a crime (excluding minor traffic violations)? \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been charged with, convicted of, or pleaded guilty to a crime related to child protection and safety, including (but not limited to) child abuse, child neglect, or sexual abuse?

\_\_\_\_\_

\_\_\_\_\_

3. Is there any other fact or circumstance in your background that may call into question your being entrusted with the supervision, guidance, and care of children or youth?

\_\_\_\_\_

\_\_\_\_\_

4. Will you authorize a background check? \_\_\_\_\_

**5. Please list three references whom we may contact to verify your suitability for this position:**

**REFERENCE #1**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**REFERENCE #2**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**REFERENCE #3**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

x

**IV: VERIFICATION, AUTHORIZATION, AGREEMENT, AND INDEMNIFICATION**

I, \_\_\_\_\_, verify that the information contained in the Screening Form, of which this Verification, Authorization, Agreement, and Indemnification is a part, is true and correct to the best of my knowledge. I authorize Project K.I.D. and the Madison County PlayCare Action Team (MCPAT), to conduct a local, state and national criminal background check and contact references. This information is to be used only to determine my suitability for volunteering with the MCPAT.

In the event the MCPAT selects me to work in any capacity with children and youth, I affirm that I have read and will be bound by the MCPAT Child Protection Guidelines.

I further state that I will, at my own cost, defend, indemnify, and hold harmless (in other words, reimburse and be responsible for) the MCPAT, the Madison County Public Health Department, Madison County Citizen Corps and their affiliates, trustees, officers, directors, employees, agents, volunteers, successors, and assigns against any and all claims for liability, injury, loss, damage, or expense (including attorneys' fees) in any way connected with or arising out of my negligent acts or intentional misconduct while working for MCPAT with children and youth.

**THIS IS A VERIFICATION, AUTHORIZATION, AGREEMENT, AND INDEMNIFICATION. I HAVE READ THIS VERIFICATION, AUTHORIZATION, AGREEMENT, AND INDEMNIFICATION. I UNDERSTAND THAT I AM INCURRING SIGNIFICANT OBLIGATIONS BY SIGNING IT. I AM SIGNING THIS VERIFICATION, AUTHORIZATION, AGREEMENT, AND INDEMNIFICATION VOLUNTARILY.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

If the person whose information is contained in the Screening Form is not yet 18 years old, a custodial parent or the legal guardian(s) also must sign:

**AS THE CUSTODIAL PARENT(S) OR LEGAL GUARDIAN(S) OF THE ABOVE-NAMED INDIVIDUAL, I/WE VERIFY THAT I/WE FULLY UNDERSTAND, AGREE TO, AND ACCEPT ALL PROVISIONS OF THIS VERIFICATION, AUTHORIZATION, AGREEMENT, AND INDEMNIFICATION.**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date