ASSIGNED VOLUNTEER SCHEDULING & TRACKING FORM

VMS T1
Rev. 9/25/05

This form is intended to capture all the details required to track ACPH volunteers once they have been assigned and are either in staging or placed under ICS/IMS supervision. The Volunteer Tracking Supervisor is responsible for the completion of this form. Close coordination with the Assignment Allocation Supervisor is required.

1. INCIDENT
2. DATE/TIME: PREPARED:
3. OPERATIONAL PERIOD (Date/Time):
4. NAME OF TRACKING SUPERVISOR:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Arlington County Public Health
Volunteer Management System

Instructions for:
VMS T1 – Assigned Volunteer Scheduling & Tracking Form

1. Section 1: Document the name given by ICS/IMS management to the name of the incident.
2. Section 2: Document the time and date the form is being prepared.
3. Section 3: Document the operational period the form applies to. For instance, if operating on a 12 hour cycle, then put 0700-1900 or 1900-0700 as appropriate. If operating on a 24 hour cycle, then 0700-0700 as appropriate.
4. Section 4: Document the name of the Volunteer Tracking Supervisor filling out the form.
5. Section 5: Document the name of the ACPH volunteer.
6. Section 6: Document the Volunteer ID Number of the volunteer.
7. Section 7: Document the contact number of the volunteer.
8. Section 8: Document the assignment position of the volunteer.
9. Section 9: Document the location of the assigned duties of the volunteer.
10. Section 10: Document the date(s) on which the volunteer will fulfill the assignment.
11. Section 11: Document the shift accepted by the volunteer to fulfill the assignment.
12. Section 12: Document whether the volunteer will reach the assignment location by private means or whether transportation was arranged by ACPH.
13. Section 13: Document whether the volunteer reported to their assignment location as arranged.
14. Section 14: Document whether the volunteer was provided with an onsite job specific briefing.
15. Section 15: Document whether the volunteer completed the assignment. Specify the date/time.
16. Section 16: Document the name of the Volunteer Onsite Coordinator responsible for the volunteer.
17. Section 17: Document the name of the IMS Supervisor responsible for the volunteer.
18. Section 18: Document whether the volunteer departed the assignment location by private means or whether transportation was arranged by ACPH.
19. Section 19: Document the time and date at which outprocessing occurred for the volunteer.
20. Section 20: Provide any relevant comments about the volunteer or describe any circumstances associated with the volunteer.