



Non-Emergent Volunteer Activation Request Form

The Maryland Responds Medical Reserve Corps (MRC) Anne Arundel County Unit, which is administered by the Anne Arundel County Department of Health's Office of Emergency Preparedness and Response, aims to supplement existing health and medical services during times of emergency, as well as supporting non-emergent, public health activities within their communities. Please complete this form to request volunteers for a NON-EMERGENT, public health mission. Non-emergent, public health missions are planned events which are scheduled in advance. Such activities have a public health focus and foster the resilience and health of the community.

Once submitted, your request will be processed for approval. You will receive a response within one week of submitting your request. Please direct questions to the Maryland Responds MRC Anne Arundel County Unit at hdbang99@acounty.org or call 410-222-4001. For additional details regarding the Maryland Responds Medical Reserve Corps Anne Arundel County Unit, please visit the following website: <https://www.aahealth.org/maryland-responds-medical-reserve-corps/>

Requesting Authority

Today's Date (date of request):	
Organization/Agency:	
Request Organizer's Name:	
Job Title:	
Phone Number:	
Alternate Phone Number:	
Email Address:	

Activity Details

Activity Name:	
Activity Overview:	
Activity Date:	

Volunteer Position 1

Name:	
Work Description:	

Volunteer Position 1 (continued)

Qualified Occupations:	
Additional Qualifications:	
Quantity Needed:	
Additional Comments:	
Would you like to request a second volunteer position for this activity?	

Volunteer Position 2 (optional)

Name:	
Work Description:	
Qualified Occupations:	
Additional Qualifications:	
Quantity Needed:	
Additional Comments:	
Would you like to request a third volunteer position for this activity?	

Volunteer Position 3 (optional)

Name:	
Work Description:	
Qualified Occupations:	
Additional Qualifications:	
Quantity Needed:	
Additional Comments:	

Volunteer Reporting Details

Volunteer Reporting Date/Time:	
End Work Date/Time:	
Check-in Location Name:	
Check-in Location Address:	

Volunteer Reporting Details (continued)

Check-in Contact Name:	
Check-in Contact Phone Number:	
Additional Comments about Check-in Location:	
Is the service location the same as the check-in location?	

If service location is different than check-in location, fill out below:

Service Location Name:	
Service Location Address:	
Service Location Contact Name:	
Service Location Contact Phone Number:	

Information for Volunteers

Accommodations Provided:	
Items to Bring:	
Additional Details:	

Activation Authority Approval

This section is for Maryland Department of Health Office of Preparedness and Response or Local Health Department use only.

Request Type: Local Jurisdictional Statewide Federal

Activity Type: NON-EMERGENT EMERGENT

Comments/Notes:

Authorized By: _____ **Date:** _____