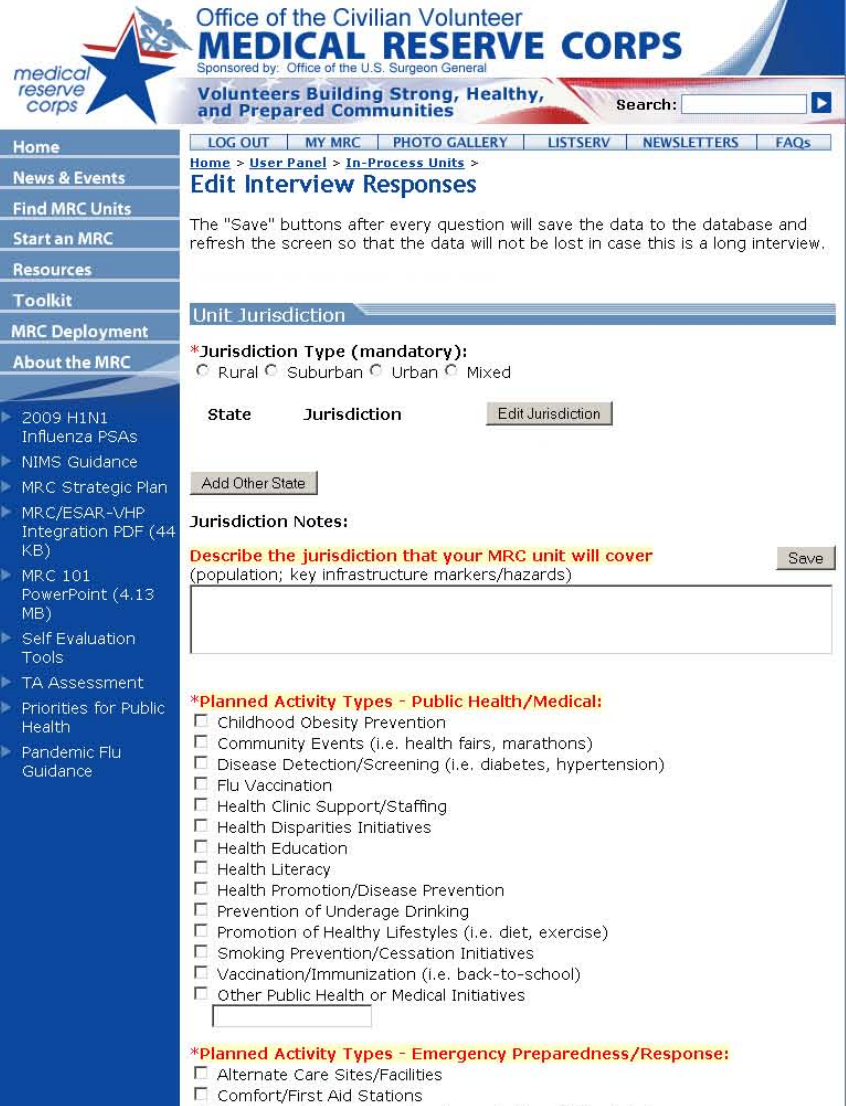

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Edit Interview Responses

The "Save" buttons after every question will save the data to the database and refresh the screen so that the data will not be lost in case this is a long interview.

Unit Jurisdiction

***Jurisdiction Type (mandatory):**

○ Rural ○ Suburban ○ Urban ○ Mixed

State **Jurisdiction**

Jurisdiction Notes:

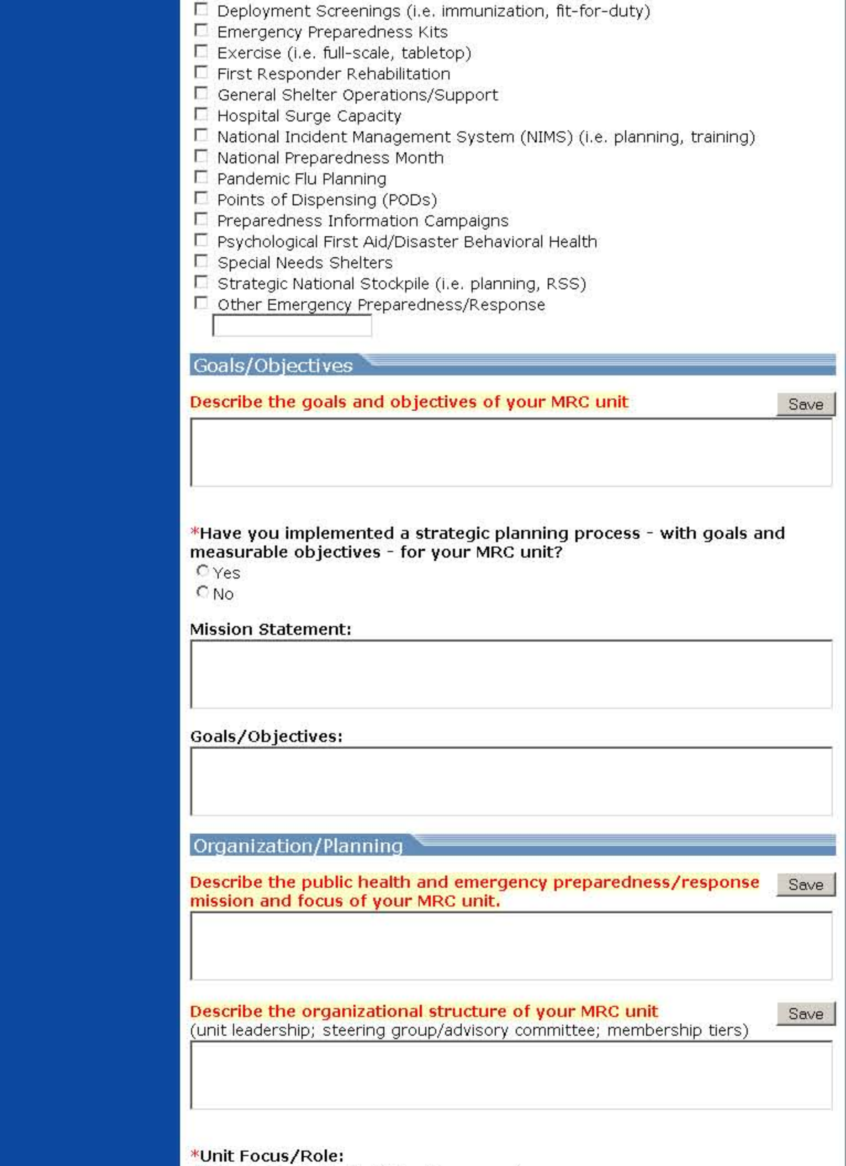
Describe the jurisdiction that your MRC unit will cover
(population; key infrastructure markers/hazards)

***Planned Activity Types - Public Health/Medical:**

☐ Childhood Obesity Prevention
☐ Community Events (i.e. health fairs, marathons)
☐ Disease Detection/Screening (i.e. diabetes, hypertension)
☐ Flu Vaccination
☐ Health Clinic Support/Staffing
☐ Health Disparities Initiatives
☐ Health Education
☐ Health Literacy
☐ Health Promotion/Disease Prevention
☐ Prevention of Underage Drinking
☐ Promotion of Healthy Lifestyles (i.e. diet, exercise)
☐ Smoking Prevention/Cessation Initiatives
☐ Vaccination/Immunization (i.e. back-to-school)
☐ Other Public Health or Medical Initiatives

***Planned Activity Types - Emergency Preparedness/Response:**

☐ Alternate Care Sites/Facilities
☐ Comfort/First Aid Stations



☐ Deployment Screenings (i.e. immunization, fit-for-duty)
☐ Emergency Preparedness Kits
☐ Exercise (i.e. full-scale, tabletop)
☐ First Responder Rehabilitation
☐ General Shelter Operations/Support
☐ Hospital Surge Capacity
☐ National Incident Management System (NIMS) (i.e. planning, training)
☐ National Preparedness Month
☐ Pandemic Flu Planning
☐ Points of Dispensing (PODs)
☐ Preparedness Information Campaigns
☐ Psychological First Aid/Disaster Behavioral Health
☐ Special Needs Shelters
☐ Strategic National Stockpile (i.e. planning, RSS)
☐ Other Emergency Preparedness/Response

Goals/Objectives

Describe the goals and objectives of your MRC unit

***Have you implemented a strategic planning process - with goals and measurable objectives - for your MRC unit?**

○ Yes
○ No

Mission Statement:

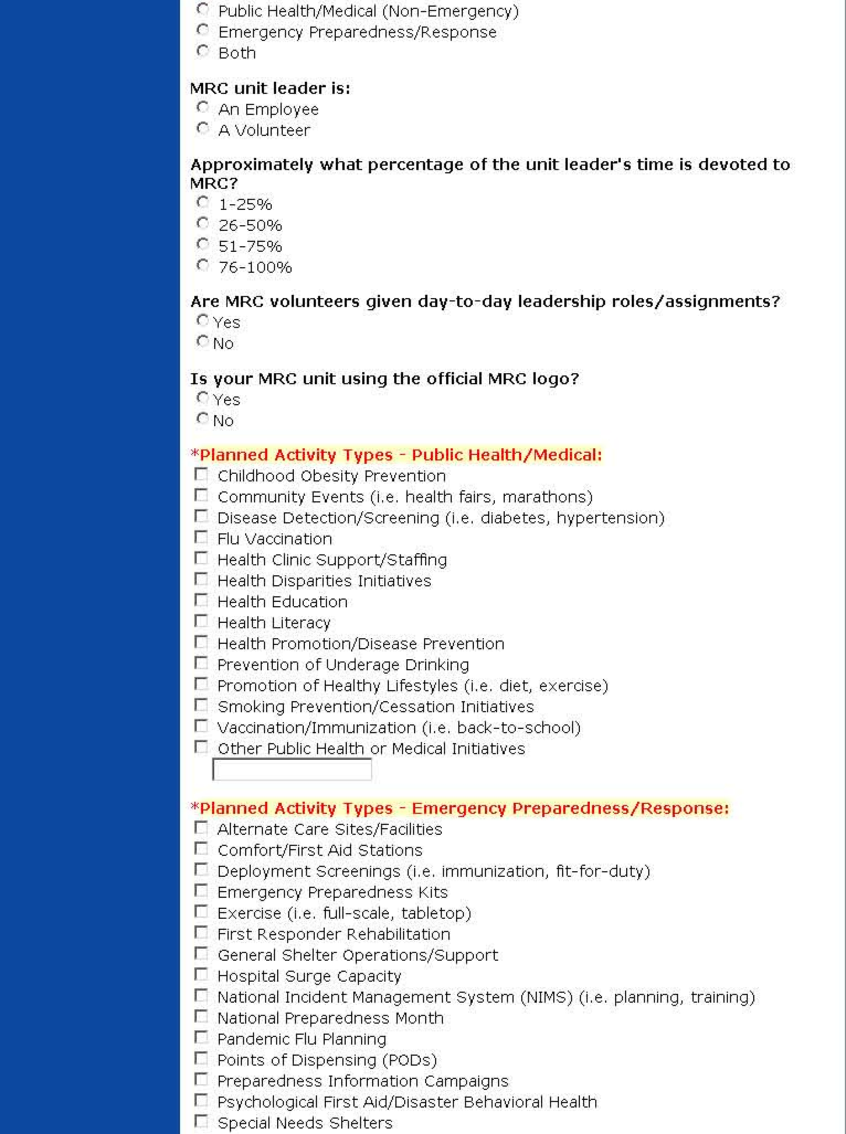
Goals/Objectives:

Organization/Planning

Describe the public health and emergency preparedness/response mission and focus of your MRC unit.

Describe the organizational structure of your MRC unit
(unit leadership; steering group/advisory committee; membership tiers)

***Unit Focus/Role:**



○ Public Health/Medical (Non-Emergency)
○ Emergency Preparedness/Response
○ Both

MRC unit leader is:
○ An Employee
○ A Volunteer

Approximately what percentage of the unit leader's time is devoted to MRC?
○ 1-25%
○ 26-50%
○ 51-75%
○ 76-100%

Are MRC volunteers given day-to-day leadership roles/assignments?
○ Yes
○ No

Is your MRC unit using the official MRC logo?
○ Yes
○ No

***Planned Activity Types - Public Health/Medical:**
☐ Childhood Obesity Prevention
☐ Community Events (i.e. health fairs, marathons)
☐ Disease Detection/Screening (i.e. diabetes, hypertension)
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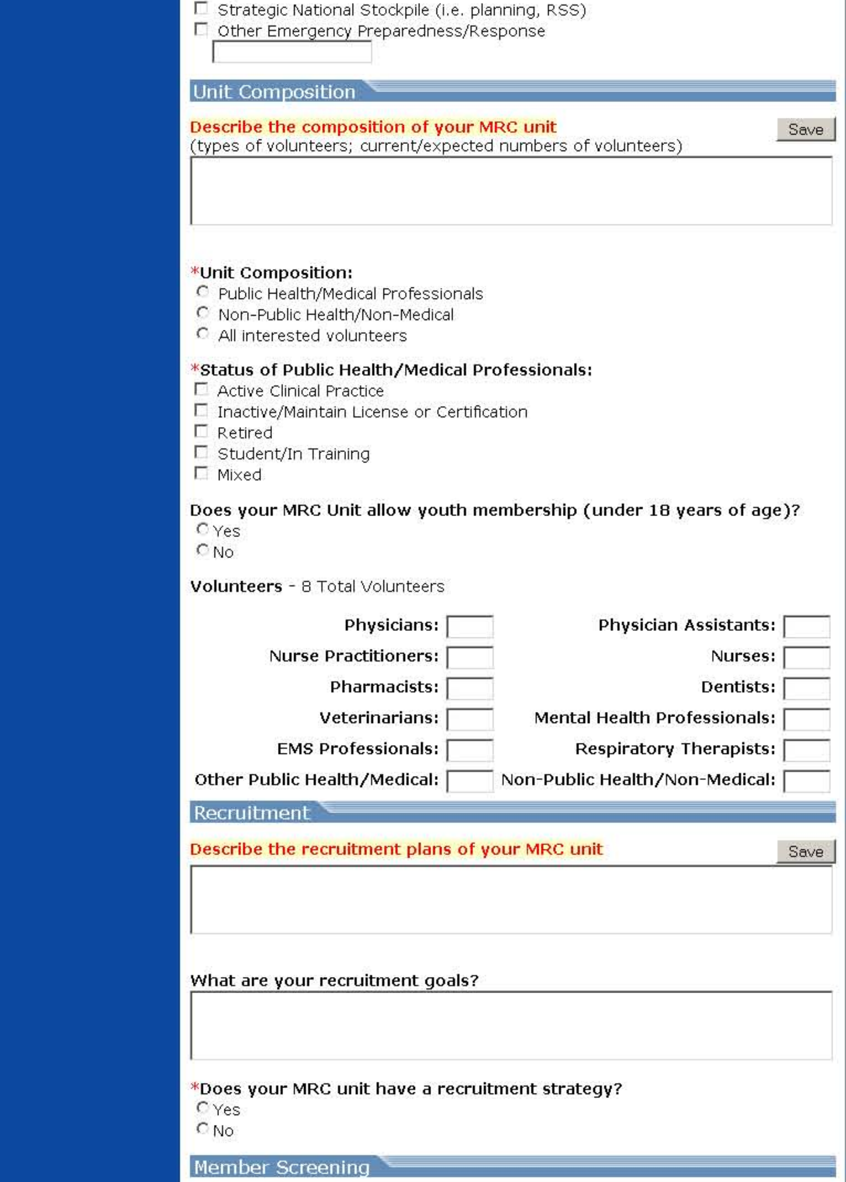


☐ Strategic National Stockpile (i.e. planning, RSS)
☐ Other Emergency Preparedness/Response

Unit Composition

Describe the composition of your MRC unit
(types of volunteers; current/expected numbers of volunteers)

***Unit Composition:**
○ Public Health/Medical Professionals
○ Non-Public Health/Non-Medical
○ All interested volunteers

***Status of Public Health/Medical Professionals:**
☐ Active Clinical Practice
☐ Inactive/Maintain License or Certification
☐ Retired
☐ Student/In Training
☐ Mixed

Does your MRC Unit allow youth membership (under 18 years of age)?
○ Yes
○ No

Volunteers - 8 Total Volunteers

Physicians:		**Physician Assistants:**	
Nurse Practitioners:		**Nurses:**	
Pharmacists:		**Dentists:**	
Veterinarians:		**Mental Health Professionals:**	
EMS Professionals:		**Respiratory Therapists:**	
Other Public Health/Medical:		**Non-Public Health/Non-Medical:**	

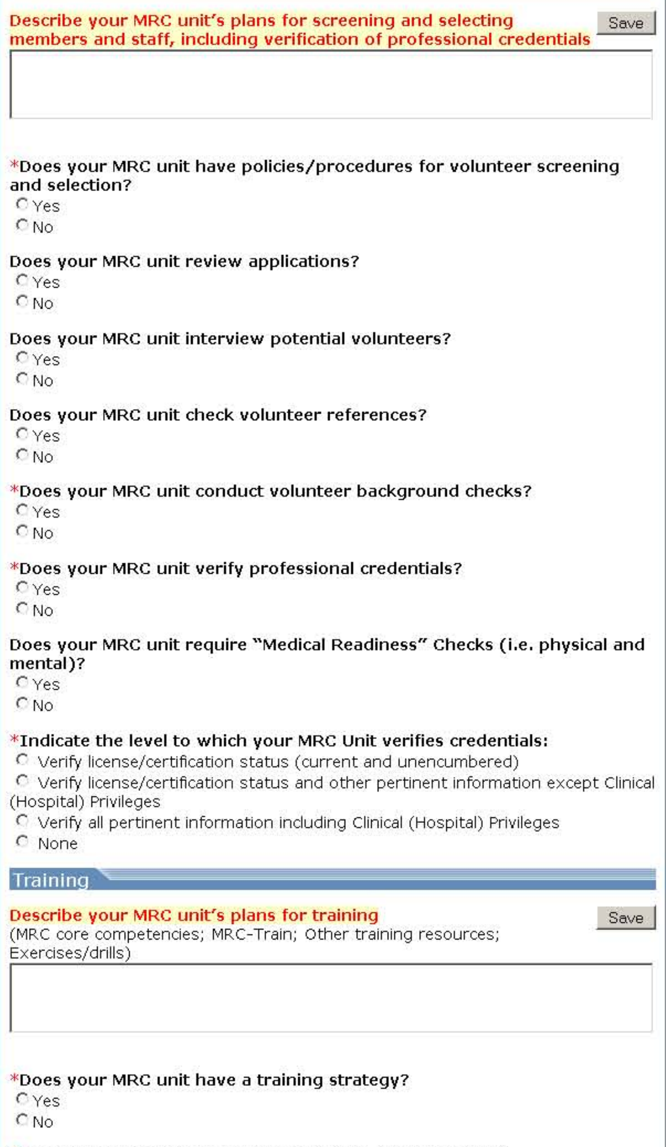
Recruitment

Describe the recruitment plans of your MRC unit

What are your recruitment goals?

***Does your MRC unit have a recruitment strategy?**
○ Yes
○ No

Member Screening



Describe your MRC unit's plans for screening and selecting members and staff, including verification of professional credentials

***Does your MRC unit have policies/procedures for volunteer screening and selection?**

○ Yes
○ No

Does your MRC unit review applications?

○ Yes
○ No

Does your MRC unit interview potential volunteers?

○ Yes
○ No

Does your MRC unit check volunteer references?

○ Yes
○ No

***Does your MRC unit conduct volunteer background checks?**

○ Yes
○ No

***Does your MRC unit verify professional credentials?**

○ Yes
○ No

Does your MRC unit require "Medical Readiness" Checks (i.e. physical and mental)?

○ Yes
○ No

***Indicate the level to which your MRC Unit verifies credentials:**

○ Verify license/certification status (current and unencumbered)
○ Verify license/certification status and other pertinent information except Clinical (Hospital) Privileges
○ Verify all pertinent information including Clinical (Hospital) Privileges
○ None

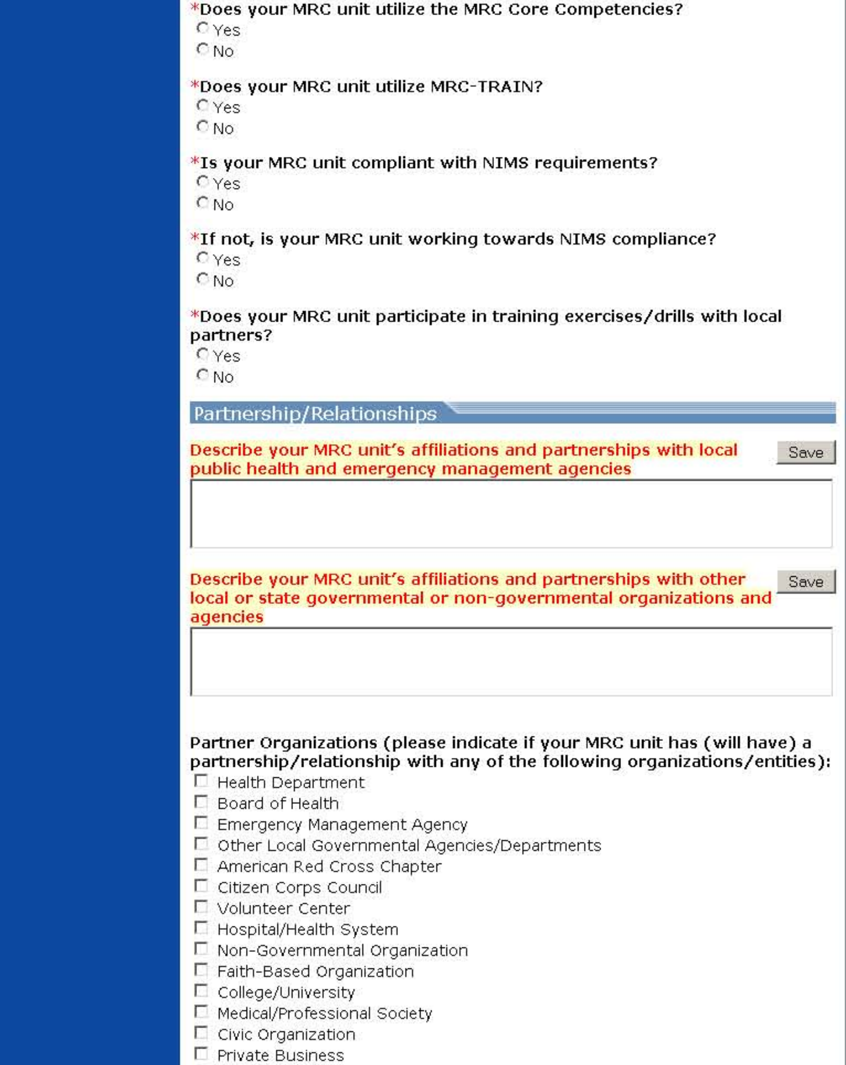
Training

Describe your MRC unit's plans for training

(MRC core competencies; MRC-Train; Other training resources; Exercises/drills)

***Does your MRC unit have a training strategy?**

○ Yes
○ No



*Does your MRC unit utilize the MRC Core Competencies?
○ Yes
○ No

*Does your MRC unit utilize MRC-TRAIN?
○ Yes
○ No

*Is your MRC unit compliant with NIMS requirements?
○ Yes
○ No

*If not, is your MRC unit working towards NIMS compliance?
○ Yes
○ No

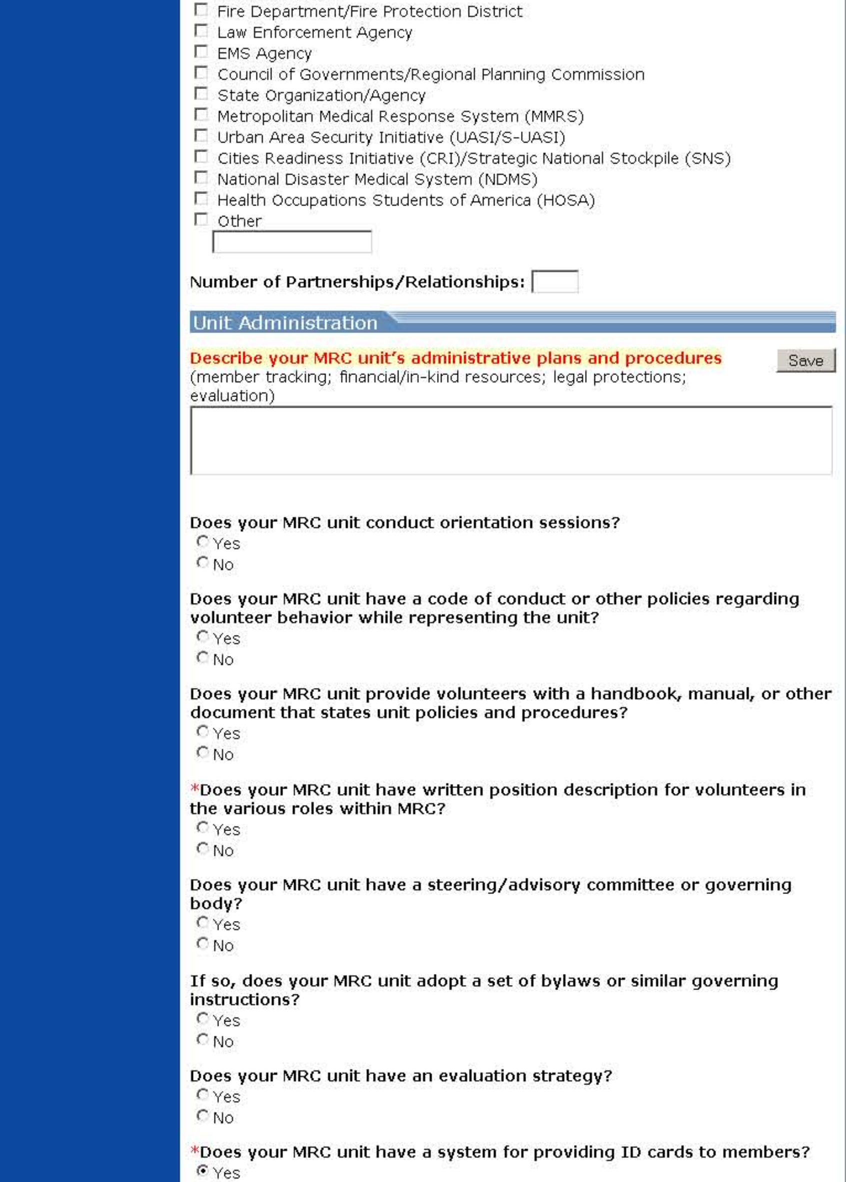
*Does your MRC unit participate in training exercises/drills with local partners?
○ Yes
○ No

Partnership/Relationships

Describe your MRC unit's affiliations and partnerships with local public health and emergency management agencies

Describe your MRC unit's affiliations and partnerships with other local or state governmental or non-governmental organizations and agencies

Partner Organizations (please indicate if your MRC unit has (will have) a partnership/relationship with any of the following organizations/entities):
☐ Health Department
☐ Board of Health
☐ Emergency Management Agency
☐ Other Local Governmental Agencies/Departments
☐ American Red Cross Chapter
☐ Citizen Corps Council
☐ Volunteer Center
☐ Hospital/Health System
☐ Non-Governmental Organization
☐ Faith-Based Organization
☐ College/University
☐ Medical/Professional Society
☐ Civic Organization
☐ Private Business



☐ Fire Department/Fire Protection District
☐ Law Enforcement Agency
☐ EMS Agency
☐ Council of Governments/Regional Planning Commission
☐ State Organization/Agency
☐ Metropolitan Medical Response System (MMRS)
☐ Urban Area Security Initiative (UASI/S-UASI)
☐ Cities Readiness Initiative (CRI)/Strategic National Stockpile (SNS)
☐ National Disaster Medical System (NDMS)
☐ Health Occupations Students of America (HOSA)
☐ Other

Number of Partnerships/Relationships:

Unit Administration

Describe your MRC unit's administrative plans and procedures
(member tracking; financial/in-kind resources; legal protections; evaluation)

Does your MRC unit conduct orientation sessions?
○ Yes
○ No

Does your MRC unit have a code of conduct or other policies regarding volunteer behavior while representing the unit?
○ Yes
○ No

Does your MRC unit provide volunteers with a handbook, manual, or other document that states unit policies and procedures?
○ Yes
○ No

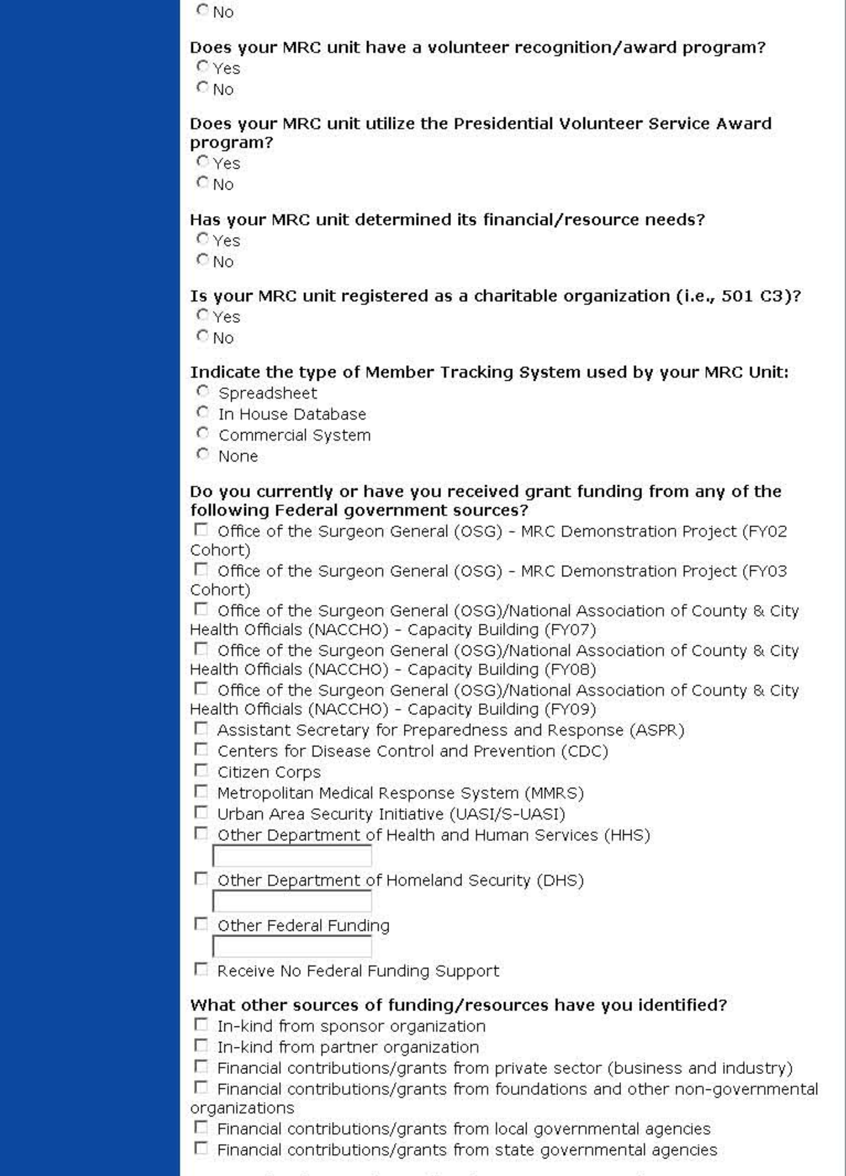
***Does your MRC unit have written position description for volunteers in the various roles within MRC?**
○ Yes
○ No

Does your MRC unit have a steering/advisory committee or governing body?
○ Yes
○ No

If so, does your MRC unit adopt a set of bylaws or similar governing instructions?
○ Yes
○ No

Does your MRC unit have an evaluation strategy?
○ Yes
○ No

***Does your MRC unit have a system for providing ID cards to members?**
● Yes



○ No

Does your MRC unit have a volunteer recognition/award program?

○ Yes
○ No

Does your MRC unit utilize the Presidential Volunteer Service Award program?

○ Yes
○ No

Has your MRC unit determined its financial/resource needs?

○ Yes
○ No

Is your MRC unit registered as a charitable organization (i.e., 501 C3)?

○ Yes
○ No

Indicate the type of Member Tracking System used by your MRC Unit:

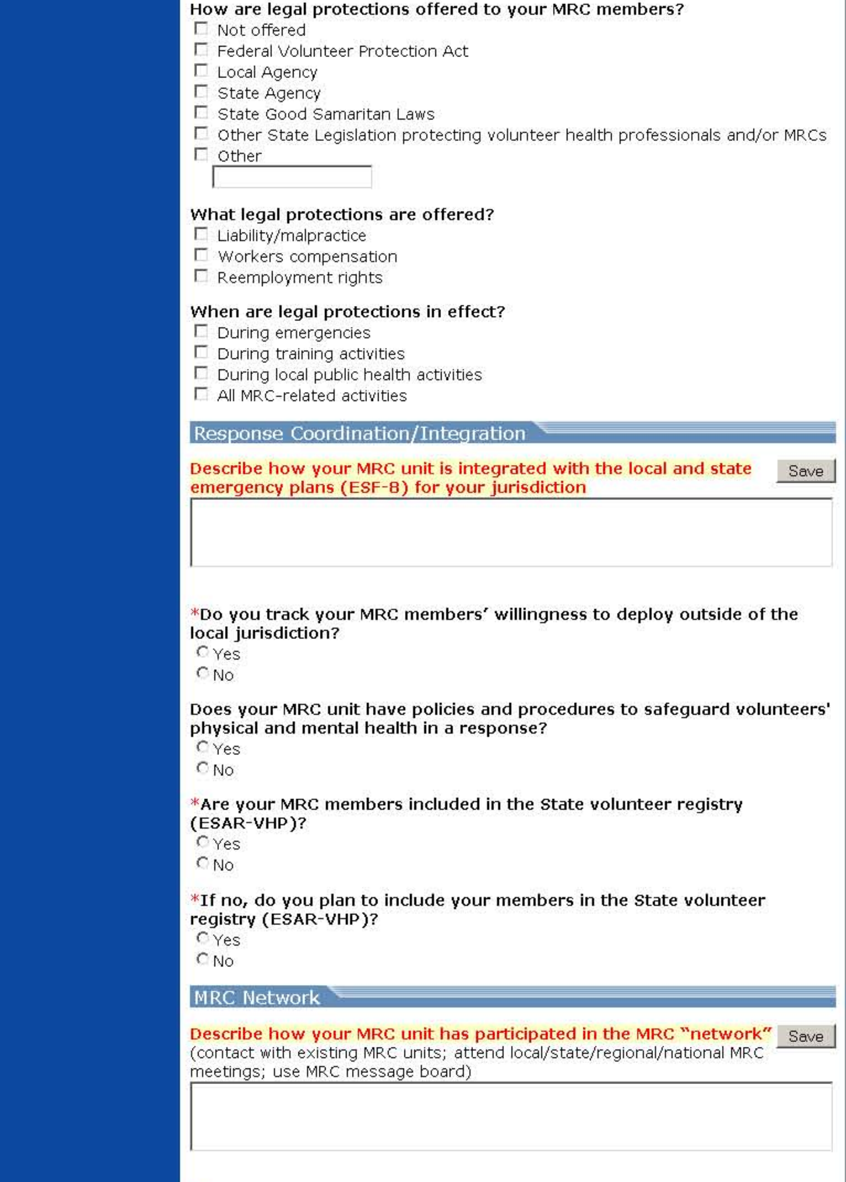
○ Spreadsheet
○ In House Database
○ Commercial System
○ None

Do you currently or have you received grant funding from any of the following Federal government sources?

☐ Office of the Surgeon General (OSG) - MRC Demonstration Project (FY02 Cohort)
☐ Office of the Surgeon General (OSG) - MRC Demonstration Project (FY03 Cohort)
☐ Office of the Surgeon General (OSG)/National Association of County & City Health Officials (NACCHO) - Capacity Building (FY07)
☐ Office of the Surgeon General (OSG)/National Association of County & City Health Officials (NACCHO) - Capacity Building (FY08)
☐ Office of the Surgeon General (OSG)/National Association of County & City Health Officials (NACCHO) - Capacity Building (FY09)
☐ Assistant Secretary for Preparedness and Response (ASPR)
☐ Centers for Disease Control and Prevention (CDC)
☐ Citizen Corps
☐ Metropolitan Medical Response System (MMRS)
☐ Urban Area Security Initiative (UASI/S-UASI)
☐ Other Department of Health and Human Services (HHS)
☐ Other Department of Homeland Security (DHS)
☐ Other Federal Funding
☐ Receive No Federal Funding Support

What other sources of funding/resources have you identified?

☐ In-kind from sponsor organization
☐ In-kind from partner organization
☐ Financial contributions/grants from private sector (business and industry)
☐ Financial contributions/grants from foundations and other non-governmental organizations
☐ Financial contributions/grants from local governmental agencies
☐ Financial contributions/grants from state governmental agencies



How are legal protections offered to your MRC members?

- ☐ Not offered
- ☐ Federal Volunteer Protection Act
- ☐ Local Agency
- ☐ State Agency
- ☐ State Good Samaritan Laws
- ☐ Other State Legislation protecting volunteer health professionals and/or MRCs
- ☐ Other

What legal protections are offered?

- ☐ Liability/malpractice
- ☐ Workers compensation
- ☐ Reemployment rights

When are legal protections in effect?

- ☐ During emergencies
- ☐ During training activities
- ☐ During local public health activities
- ☐ All MRC-related activities

Response Coordination/Integration

Describe how your MRC unit is integrated with the local and state emergency plans (ESF-8) for your jurisdiction

***Do you track your MRC members' willingness to deploy outside of the local jurisdiction?**

- ○ Yes
- ○ No

Does your MRC unit have policies and procedures to safeguard volunteers' physical and mental health in a response?

- ○ Yes
- ○ No

***Are your MRC members included in the State volunteer registry (ESAR-VHP)?**

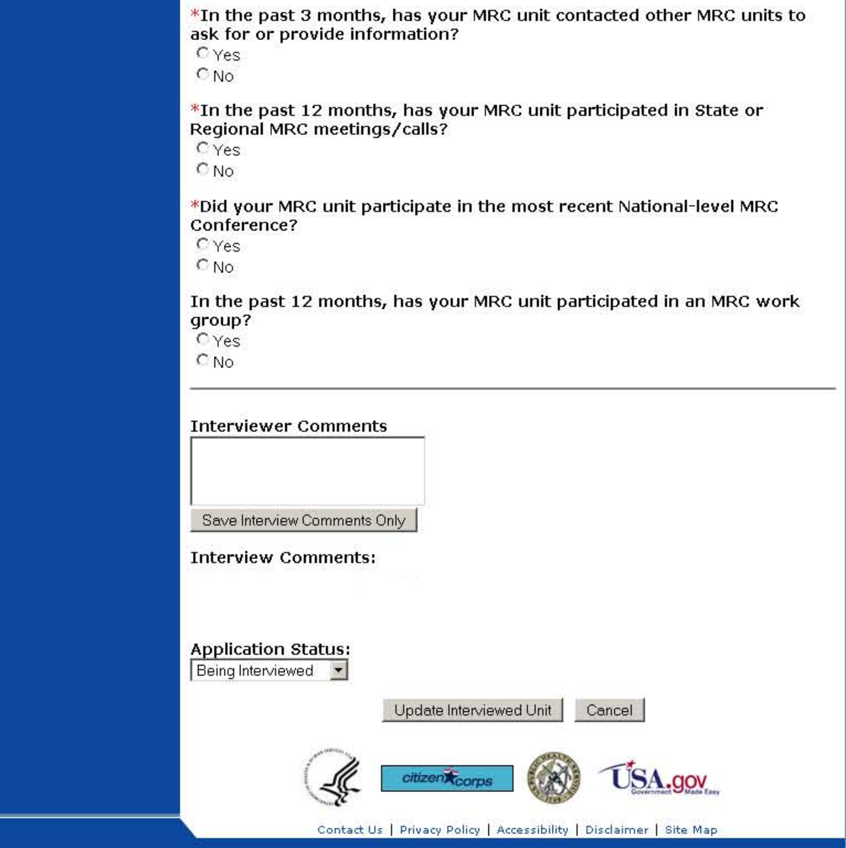
- ○ Yes
- ○ No

***If no, do you plan to include your members in the State volunteer registry (ESAR-VHP)?**

- ○ Yes
- ○ No

MRC Network

Describe how your MRC unit has participated in the MRC "network" (contact with existing MRC units; attend local/state/regional/national MRC meetings; use MRC message board)



*In the past 3 months, has your MRC unit contacted other MRC units to ask for or provide information?

○ Yes

○ No

*In the past 12 months, has your MRC unit participated in State or Regional MRC meetings/calls?

○ Yes

○ No

*Did your MRC unit participate in the most recent National-level MRC Conference?

○ Yes

○ No

In the past 12 months, has your MRC unit participated in an MRC work group?

○ Yes

○ No

Interviewer Comments

Interview Comments:

Application Status: Being Interviewed

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