

(X County) Local Emergency Operations Center (LEOC)

**Kansas System for the Early Registration of Volunteers (K-SERV)
Local Administrator
Standard Operating Procedures**

PURPOSE: To provide the LEOC staff with guidance in the event that volunteers have been requested to respond to an incident.

CONTENTS: This Standard Operating Procedures (SOP) document is divided into several sections, each discussing different topics related to volunteer coordination. The sections and attachments are as follows:

- Section I:** Identification of Local Administrators
- Section II:** Requesting Local Volunteer Resources
- Section III:** Requesting Additional (Non-Local) Volunteer Resources
- Attachment A:** Volunteer Request Form

I. IDENTIFICATION OF LOCAL ADMINISTRATORS

1. Listed below are all local volunteer organizations for *(X County)*, with local K-SERV administrators contact and back-up contacts listed for each organization.

Volunteer Organization	Local Administrator	Back-up Contact 1	Back-up Contact 2
Name	Name Phone1 Phone2 Cell Fax	Name Phone 1 Phone 2 Cell Other	Name Phone 1 Phone 2 Cell Other
Name	Name Phone 1 Phone 2 Cell Fax	Name Phone 1 Phone 2 Cell Other	Name Phone 1 Phone 2 Cell Other
Etc.			

NOTE:

If there are no volunteer organizations in your county, list the person identified as the local administrator and their back-up contacts (if there is no local administrator identified, skip to Section III of this document: "Requesting Additional Volunteer Resources"):

II. REQUESTING LOCAL VOLUNTEER RESOURCES

1. Contact the Local Administrator(s) from the list above to request local volunteer assistance. Have the Volunteer Request Form (*please see Attachment A*) filled out in advance of the request

to expedite volunteer deployment. You will need to send the Volunteer Request Form to the Local Administrator by fax or by other communication means.

2. Ask that the Local Administrator(s) provide you with the list of volunteers who will actually be able to respond once they have one compiled. Local Administrators (with any volunteer organization) should know to do this as part of their Volunteer Deployment Plan.
3. Send a copy of the list of identified volunteers to the requesting agency.
4. The Local Administrator(s) will provide regular updates to the LEOC on the numbers of deployed volunteers, as this is part of their Local Administrator SOP. The LEOC should remain in continual communication with the requesting agency and the Local Administrator regarding demobilization of volunteers. *(Note: the Local Administrator is responsible for tracking the deployment of volunteers and should be kept up-to-date regarding in volunteer deployment or demobilization.)*

III. REQUESTING ADDITIONAL (NON-LOCAL) VOLUNTEER RESOURCES:

1. Once it has been determined that local volunteer resources will be insufficient to cover the event, volunteer resources can be requested from other regions in the state. The *(X County)* LEOC should contact the State Operations Duty Officer with the Kansas Division of Emergency Management (KDEM): **1-785-296-3176 or (by pager) 1-800-905-7251**.
2. Upon contacting the state, notify the contact that you will be sending a Volunteer Request Form (*please see **Attachment A***) by email, fax, or other communication method. You will need to provide the SEOC with a situation briefing including all local volunteer activity to that point.
3. Ask that the State Volunteer Coordinator provide you with the list of volunteers who will actually be able to respond once they have this compiled. The State Volunteer Coordinator should have this as part of their State Volunteer Coordination SOP.
4. There should be regular updates and contact between the LEOC and the SEOC, and between the SEOC and the State Volunteer Coordinator regarding volunteer activities.

ATTACHMENT A: LOCAL VOLUNTEER REQUEST FORM

STATE OF KANSAS • LOCAL VOLUNTEER REQUEST FORM

Form Completed By:				Date:		Time:	
Requesting Entity/ Location Information	Contact Person(s):						
	Agency/ Facility Name:						
	Address:						
	Phone Number(s):						
	Other Contact Information:						
LEOC person/authority approving request	Name:				County:		
	Phone Number(s):						
Relevant Information about Incident	Location:						
	On-Site Check-in:						
	Description:						
Mission Assignment:							
Information on Numbers and Types of Volunteers Requested							
Skill/Occupation Type/Specialty Requested (Type of work volunteers will be doing)							Number Requested
TOTAL NUMBER OF VOLUNTEERS REQUESTED:							
Anticipated Date(s) of Service:							
Volunteer Logistical and Basic Needs Information	Lodging:						
	Transportation:						
	Meals:						
	Hygiene/Toiletries:						
	Environmental/Health Protections:						
	Other:						

For Volunteer Coordinator Use Only:

Time Form Received _____ Time Volunteer List Provided to LEOC: _____
 Volunteer Coordinator Signature _____ Date _____