



UCSF EMERGENCY MANAGEMENT PROGRAM



Mike Denson
Chief of Police

Volunteer Agreement

UCSF Emergency Response Team Volunteer for (Check one):

- Care And Shelter Team (CAST) Campus Emergency Response Team (CERT)
 Disaster Mental Health Team (DMHT) Emergency Communications Team (ECT)

Name of Employee Volunteer: _____

Division/Department/Unit: _____

The UCSF Police Department, Homeland Security & Emergency Management Division (UCPD HSEM) is developing a volunteer emergency response teams to aid coworkers, students, and visitors who may become victims of a disaster while at work. UCPD recognizes UCSF staff, students, faculty and affiliates may need to be self-sufficient during the initial hours or days following a major emergency or disaster before local, state or federal disaster assistance team can arrive.

Training: Volunteers will need to attend an initial training session and are encouraged to attend up to one hour of training/team meetings quarterly. Training sessions are web-based or classroom instruction.

Exercises: UCSF schedules up to two exercises annually. Volunteers will be encouraged to participate in one exercise annually, usually lasting 2-4 hours.

Emergency Response: In the event of a UCSF declared emergency, Emergency Response Volunteers may be requested to report to UCSF for emergency response operations for an 8-12 hour shift, for up to three days, concurrently or spread-out over the duration of the emergency response. It is unlikely such a request would be made more than once every two or more years. The UCSF Police Department, Homeland Security & Emergency Management Division is unable to reimburse your department for employee salaries during any training, exercise or emergency response activities.

We encourage volunteers to inform their supervisors of their volunteer interests. By signing below you are indicating your support for the above named employee as a UCSF Emergency Response Volunteer (as work schedules permit). Return this form by:

E-Mail: emer.mgt@police.ucsf.edu
Fax: 415-476-8205 Attn: HSEM Division
Campus Mail: UCPD HSEM Division, Mail box 0238

I am aware the above named employee plans to participate in the UCSF PD HSEM Emergency Preparedness Program as an Emergency Response Volunteer.

Signature _____ Date _____

Printed/Typed Name, Title, Phone Number