

How to Register to Volunteer with the Virginia MRC

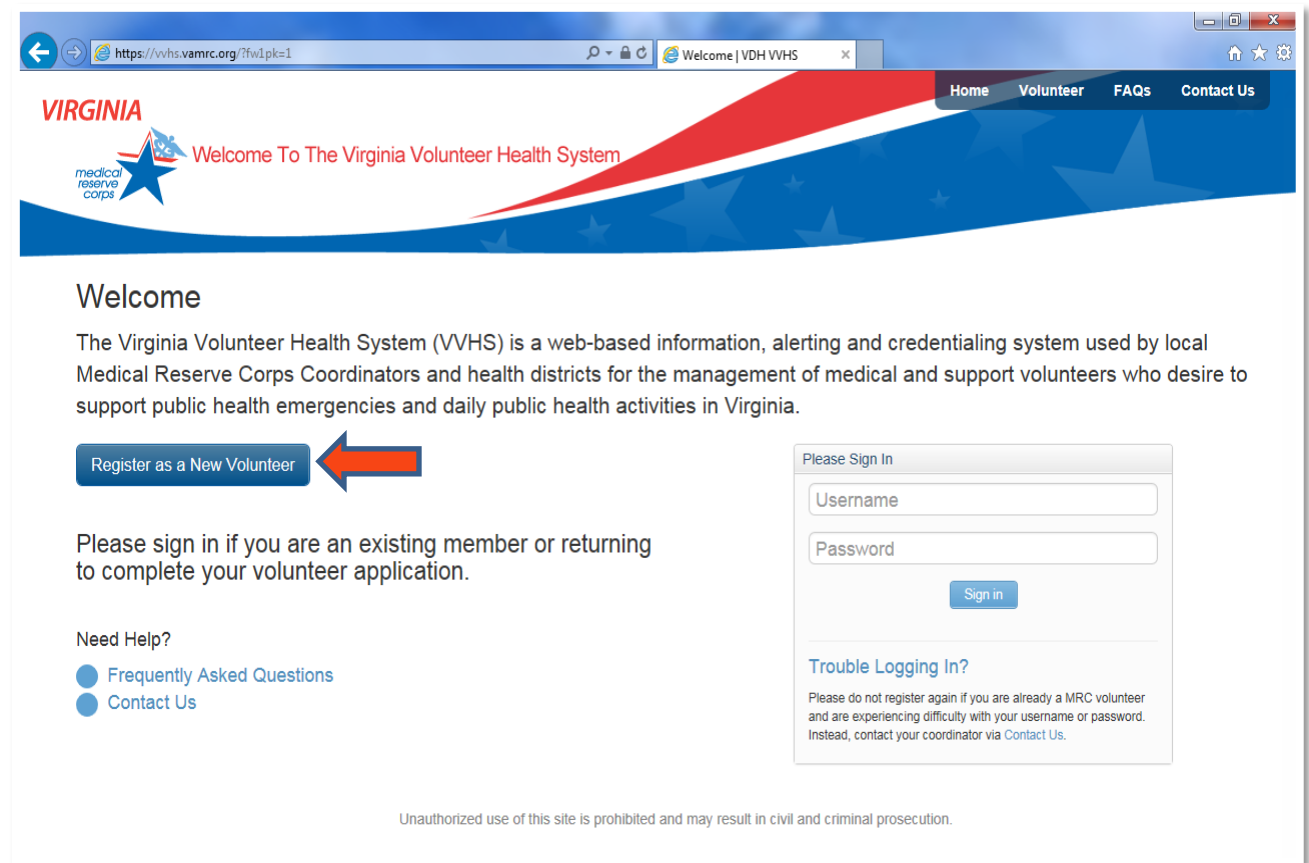
All volunteers must register in the Virginia Volunteer Health System. The information you provide builds your volunteer profile, which is used to verify your credentials, contact and deploy you for deployments and training, track your volunteer service hours, and communicate with you regarding public health emergencies. The registration process should take no more than 30 minutes to complete.

Go to www.vamrc.org/vvhs to create your registration.

Then click on the **“Register as a New Volunteer”** button.

Registration Tips:

- Save form information often. Click "Save" or "Save & Continue Later" often to avoid losing form data.
- For your security, all communications are encrypted and you will be logged out automatically if you are inactive for more than 30 minutes.
- Should you have any problems completing your registration please email vvhssupport@vamrc.org.



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Welcome To The Virginia Volunteer Health System

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Welcome

The Virginia Volunteer Health System (VVHS) is a web-based information, alerting and credentialing system used by local Medical Reserve Corps Coordinators and health districts for the management of medical and support volunteers who desire to support public health emergencies and daily public health activities in Virginia.

[Register as a New Volunteer](#)

Please sign in if you are an existing member or returning to complete your volunteer application.

Need Help?

- [Frequently Asked Questions](#)
- [Contact Us](#)

Please Sign In

Username

Password

[Sign in](#)

Trouble Logging In?

Please do not register again if you are already a MRC volunteer and are experiencing difficulty with your username or password. Instead, contact your coordinator via [Contact Us](#).

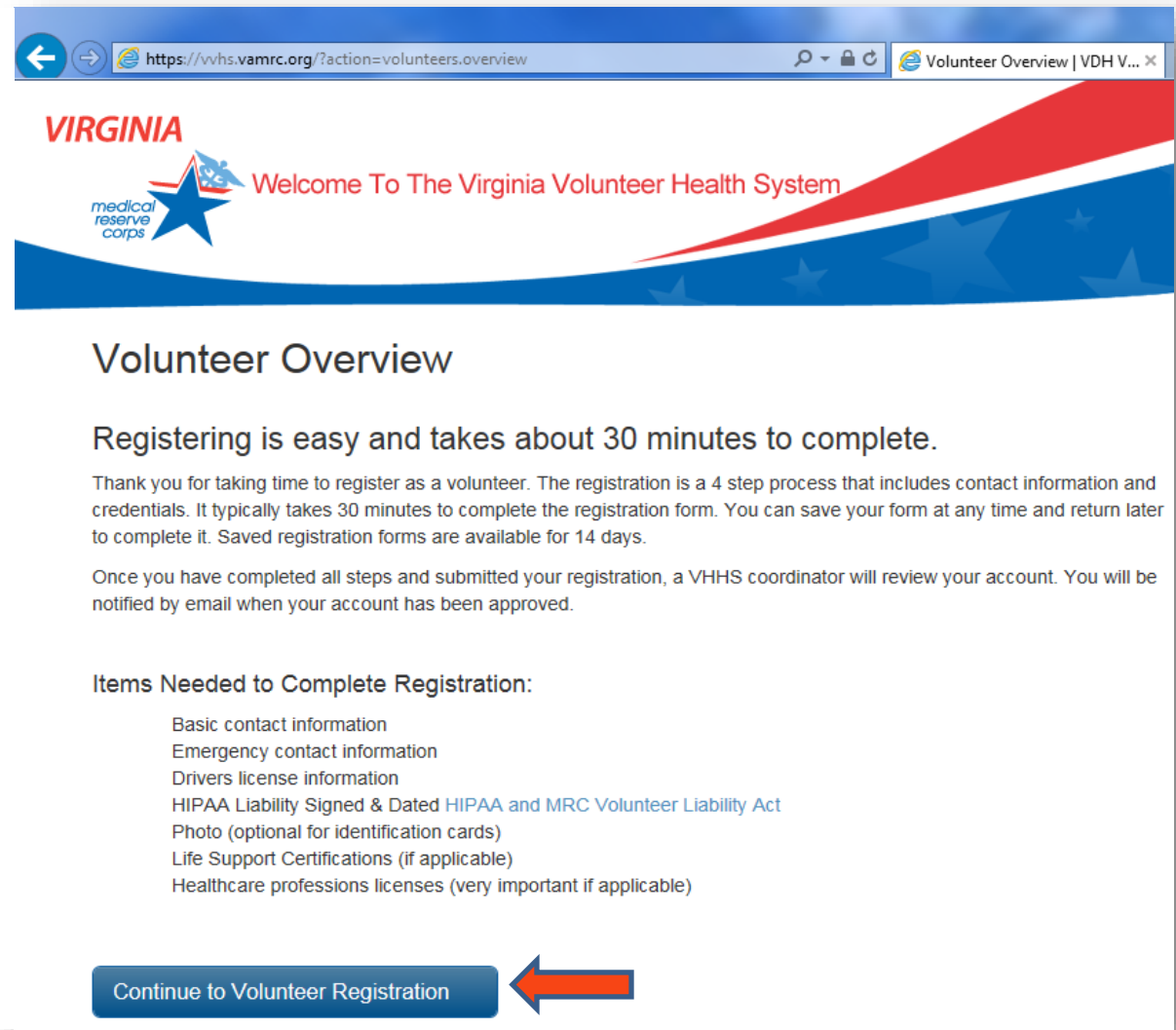
Unauthorized use of this site is prohibited and may result in civil and criminal prosecution.

How to Register to Volunteer with the Virginia MRC

Please note that you will need the following information to complete your registration:

- Basic contact information
- Emergency contact information
- Driver's license information
- Life Support Certifications (if applicable)
- Healthcare professions licenses (very important if applicable)

Click on the
"Continue to Volunteer Registration" button.



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Welcome To The Virginia Volunteer Health System

Volunteer Overview

Registering is easy and takes about 30 minutes to complete.

Thank you for taking time to register as a volunteer. The registration is a 4 step process that includes contact information and credentials. It typically takes 30 minutes to complete the registration form. You can save your form at any time and return later to complete it. Saved registration forms are available for 14 days.

Once you have completed all steps and submitted your registration, a VHHS coordinator will review your account. You will be notified by email when your account has been approved.

Items Needed to Complete Registration:

- Basic contact information
- Emergency contact information
- Drivers license information
- HIPAA Liability Signed & Dated [HIPAA and MRC Volunteer Liability Act](#)
- Photo (optional for identification cards)
- Life Support Certifications (if applicable)
- Healthcare professions licenses (very important if applicable)

Continue to Volunteer Registration

How to Register to Volunteer with the Virginia MRC

1. Read the following information and click in the checkbox

"I Agree to Continue" to complete the application.

Complete the following fields with your Name, Date of Birth, Email, Select User ID name, Password, Confirm Password and Security Question and Answer.

**Be sure you remember your User ID, Password, and Security Question for future use of this account.*

Click on **"Create My Account"** button when you are done.

Volunteer Registration - Create Account

1 Create Account
2 Contact Information
3 Credentials
4 Additional Information
5 Submit

Get Started

I understand that the accuracy of the information I provide is critical. Should the information I provide change, I pledge that I will update my profile as quickly as possible to ensure the Virginia Medical Reserve Corps volunteer database is current.

All information submitted will be kept confidential and only used by the Medical Reserve Corps and Virginia Department of Health for the purpose of my role as a volunteer.

If I am unable to complete the entire registration process at this time, I can save my work and return later. Incomplete registration forms remain available for 14 days.

☒ I Agree to Continue

Create an Account

* Name:

optional

* First
Middle
* Last
Suffix

* Date of Birth:

* Email:

If you do not have an Email account, please enter:
vhhs.alerts@sitevision.com

Your username can not be changed in the future.

* Select a user name:

You password must be at least 8 characters long and contain at least one lower case letter, upper case letter, and digit or special character.

* Password:

* Confirm Password:

The following security question will help us verify your identity should you forget your password.

* Security Question: Please Choose Your Question

* Answer:

or

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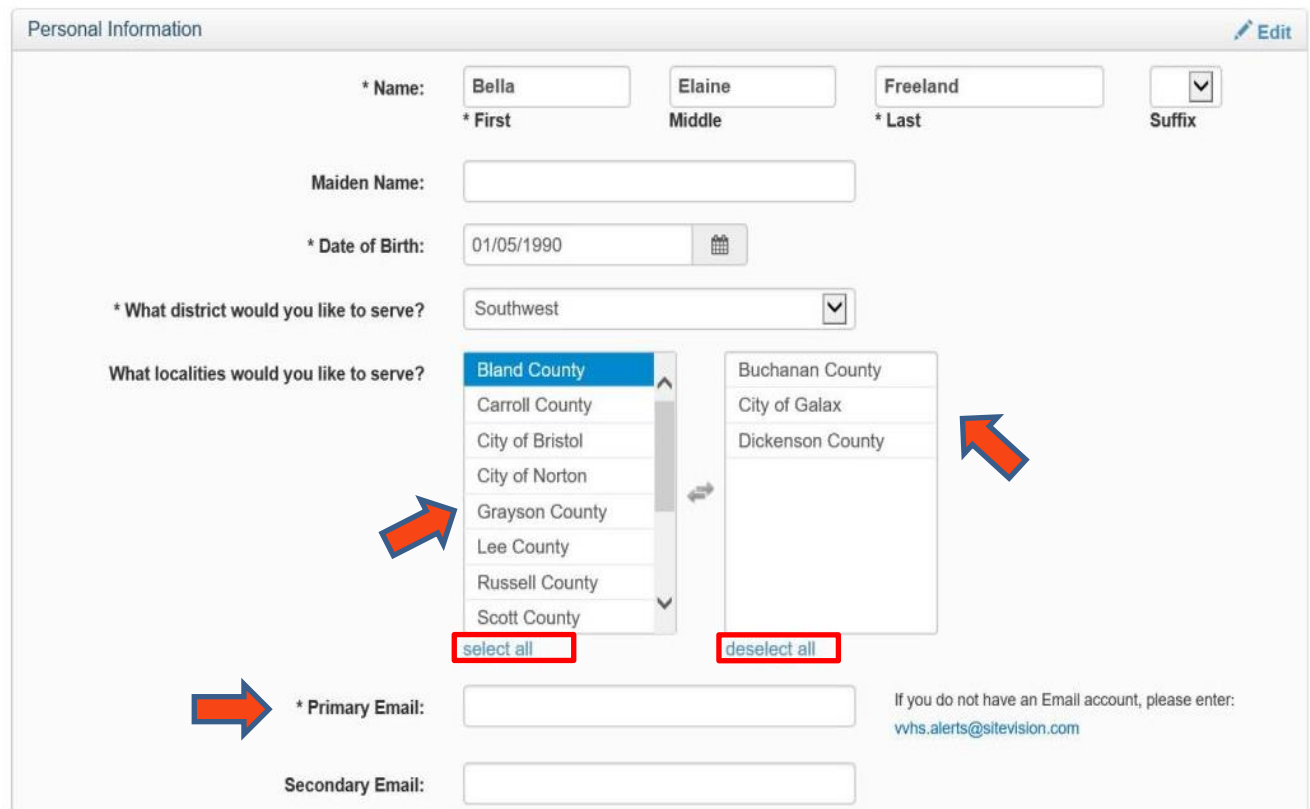
- Complete all the “Personal Information” (Name, maiden name and DOB) fields provided including your primary and secondary contact email address.

** We suggest using personal emails for primary email and work or school emails for secondary. If you do not have an email address type in the primary email field:*

vvhs.alerts@sitevision.com

To select where to serve, select a district in dropdown box. To select localities, click on which of the **“localities you would like serve”**. If you would like to serve in all localities listed, click on **“select all”**. Selected localities will appear in right box. Some MRC unit only cover one locality therefore there will only be one selection to choose.

If you want to delete a locality from the list, click on the locality in the right box and it will be removed from the list. You may remove all localities from the list by selecting **“deselect all”**.



The screenshot shows the 'Personal Information' form with the following fields and annotations:

- Name Fields:** * Name: (First: Bella, Middle: Elaine, Last: Freeland, Suffix: dropdown). Red arrows point to each field.
- Maiden Name:** (Empty field).
- Date of Birth:** * Date of Birth: 01/05/1990 (with calendar icon).
- District:** * What district would you like to serve? Southwest (dropdown).
- Localities:** What localities would you like to serve? (Two columns of localities: Bland County, Carroll County, City of Bristol, City of Norton, Grayson County, Lee County, Russell County, Scott County, Buchanan County, City of Galax, Dickenson County). Red arrows point to both columns.
- Selection Buttons:** 'select all' and 'deselect all' buttons at the bottom of the locality lists, both highlighted with red boxes.
- Email Fields:** * Primary Email: (Empty field), Secondary Email: (Empty field). A red arrow points to the Primary Email field.
- Footer:** If you do not have an Email account, please enter: vvhs.alerts@sitevision.com.

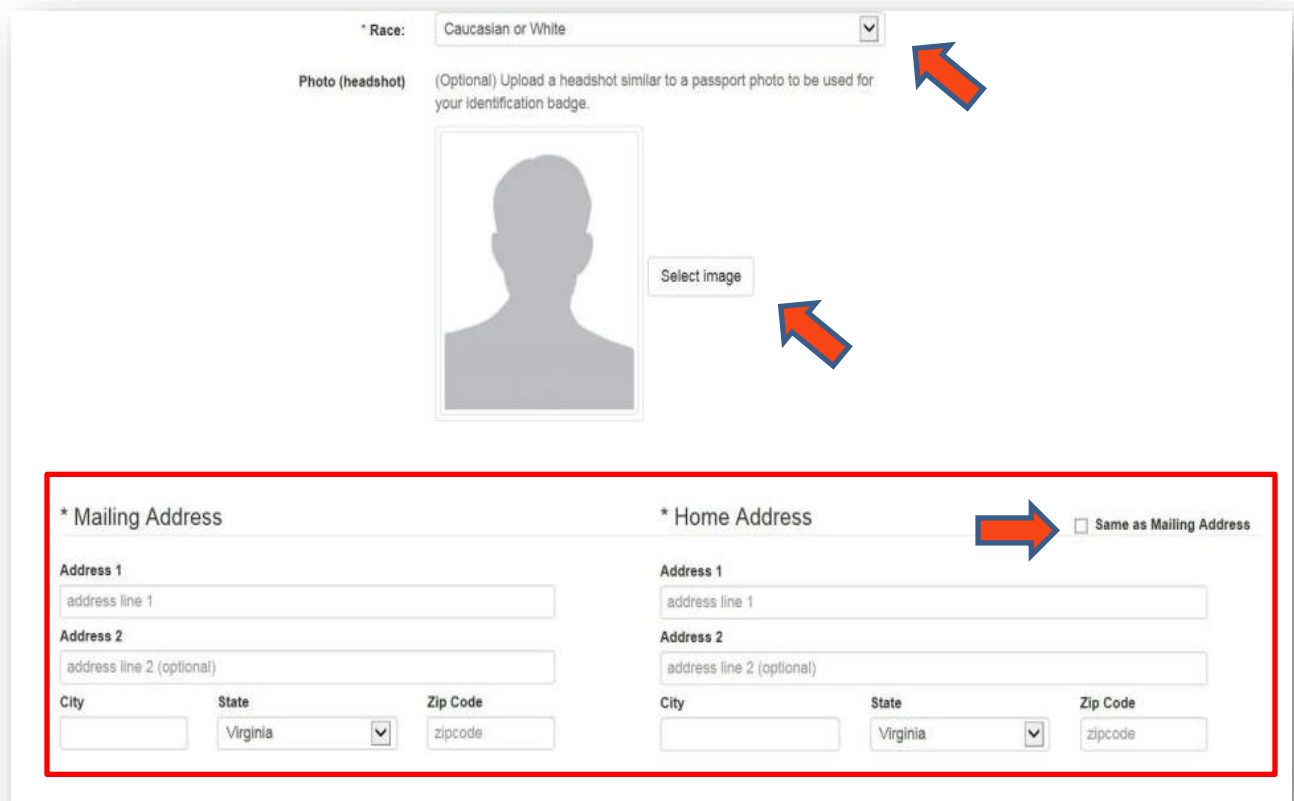
How to Register to Volunteer with the Virginia MRC

Select your race, by selecting choices from the dropdown box.

To upload a photo, click on the **“Select image”** tab. Choose a picture from your files to upload. You may change the photo, by clicking on **“Change”** tab and upload another photo. To remove the chosen photo, click on **“Remove”** tab. **Uploading a photo is optional.*

Please only submit headshot photos with a solid background that can be utilized to create your badge.

Complete the fields for your “Mailing Address” and “Home Address”. If your home address is the same as your mailing address, check the **“Same as Mailing Address”** box.



* Race: Caucasian or White

Photo (headshot) (Optional) Upload a headshot similar to a passport photo to be used for your identification badge.

Select image

* Mailing Address

Address 1
address line 1

Address 2
address line 2 (optional)

City State Zip Code
Virginia

* Home Address

Address 1
address line 1

Address 2
address line 2 (optional)

City State Zip Code
Virginia

☐ Same as Mailing Address

How to Register to Volunteer with the Virginia MRC

Type your phone numbers into the fields. Select **“Phone Type”**, by using the dropdown box. Select the radio button, to receive **Voice/SMS Text** messages.

Select the **checkbox to acknowledge that data rates may apply to your individual phone plan.*

Add “Emergency Contact Information”. List individual’s name and phone number.

When all fields are completed, click the **“Next Step”** button to continue your registration or select **“Save and Continue Later”** to save your incomplete application.

**Incomplete applications may be deleted after 15 days.*

Phone and Text Alerts

The numbers entered below will be used to receive SMS text and phonevoice messages for emergencies, exercises and other important information. In addition to SMS text and phonevoice messages, an email notification will be sent. Note: Message and data rates may apply based on your carrier and your individual phone plan. Please contact your carrier for more details.

Phone Number	Phone Type	Messages
<input type="text" value="(757) 249-3789"/>	<input type="text" value="Home - Primary"/>	<input type="radio"/> Both <input checked="" type="radio"/> Phone/Voice <input type="radio"/> SMS Text
Add Phone		



☒ I acknowledge that message and data rates may apply based on my carrier and my individual cell phone plan.

Emergency Contact Information

* Name:	<input type="text" value="April"/>	<input type="text" value="Fool"/>
Relationship:	<input type="text" value="Please Choose"/>	
* Primary Phone:	<input type="text" value="(757) 249-3789"/>	<input type="text" value="Home - Primary"/>
Secondary Phone:	<input type="text" value="() - -"/>	<input type="text" value="Please select phone type"/>

[Next Step](#) or [Save and continue later](#)

How to Register to Volunteer with the Virginia MRC

- Complete the fields to include your “Employer Reference”, “License & Certification” as well as any “Current CPR & Life Support certifications” by using the dropdown box.

If you are a health care professional, please select the “Department of Health Professions” as your issuing organization and verify that you enter your license number correctly. This will allow the system to automatically verify your license.

Select your primary “Language” spoken by using the dropdown box.

** If you are bilingual, please indicate what additional languages you speak and to what degree, if you would be willing to serve as a medical interpreter for that language.*

**Select “Remove” if you would like to remove any of your entries.*

Employer Reference

* Current Job Status:

* Primary Occupation:

Specialty Area/Field of Study:

License & Certification

Copies of license and certifications must be provided to the MRC unit coordinator.

Credential Type	License Number	State	Issuing Organization	Expiration	
<input type="text" value="Drivers License"/>	<input type="text"/>	<input type="text" value="VA"/>	<input type="text" value="DMV"/>	<input type="text" value="mm/dd/yyyy"/>	Remove
<input type="text" value="Healthcare License"/>	<input type="text"/>	<input type="text" value="VA"/>	<input type="text" value="Please Choose"/>	<input type="text" value="mm/dd/yyyy"/>	Remove

[Add Credential](#)

Please enter your current CPR & Life Support certifications.

Certification Type	Issuing Organization	Expiration	
<input type="text" value="Adult CPR, AED & Basic First Aid"/>	<input type="text" value="American Red Cross"/>	<input type="text" value="03/02/2017"/>	Remove
<input type="text" value="Please Choose"/>	<input type="text" value="Please Choose"/>	<input type="text" value="mm/dd/yyyy"/>	Remove

[Add Certification](#)

Languages

* Primary Language:

Secondary Language: [Remove](#)

☒ I am willing to be a medical interpreter for this language.

[Add Language](#)

How to Register to Volunteer with the Virginia MRC

4. Please provide “Additional Information” by selecting the **“YES or No”** buttons to indicate your eligibility, healthcare licensure status (if applicable), volunteer organization affiliation, desired area to serve in a public health emergency, and how you found out about the Medical Reserve Corps.

If you are affiliated with more than 1 response organization, select **“Add Organization”** and continue making selections.

After completing each response, click the **“Next Step”** button to continue your registration or select **“Save and Continue Later”** to save your incomplete application.

**If you were referred or learned about the MRC from someone, please include their name in the “Additional Information” box so we can thank them.*

Volunteer Registration - Additional Information

1 Create Account
2 Contact Information
3 Credentials
4 **Additional Information**


Additional Information


* Are you at least 18 years old or have a parent's permission to volunteer? ☐ Yes ☒ No

* Are you at medically fit and eligible to work or volunteer in the United States? ☐ Yes ☒ No

* Do you have an unencumbered valid VA Medical License? ☐ Yes ☒ No ☐ N/A

* Are you a Physician licensed to practice/perform in any other state? ☐ Yes ☒ No

Select any volunteer response organizations that you are affiliated with: 


[Add Organization](#) 

Are you currently registered with any other MRC units? ☐ Yes ☒ No

* Are you willing to volunteer in the event of a public health emergency/disaster? ☐ Yes ☒ No

* Would you be willing to volunteer Statewide? ☐ Yes ☒ No

* Would you be willing to volunteer Nationally? ☐ Yes ☒ No

* How did you learn about the MRC?: 

Additional Information:

Next Step or **Save and continue later**

How to Register to Volunteer with the Virginia MRC

5. You're almost done! Click on the blue link to review the **"HIPAA and MRC Volunteer Liability Act"** and check each box, concerning providing permission for photographs, safeguarding your personal information, and verification of accurate information.

After completion, click **"Submit for Approval"** button to submit your registration. Your registration will be sent to the unit coordinator of the unit you selected in Step 2. You may also save your registration and submit later by selecting **"Continue Later."**

Volunteer Registration - Submit

1 Create Account
2 Contact Information
3 Credentials
4 Additional Information
5 **Submit**

Acknowledge and Submit for Approval

☒ I acknowledge that I have read [HIPAA and MRC Volunteer Liability Act](#) and understand the information. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of PHI. I will abide by the volunteer policies and guidelines when performing my duties as a Medical Reserve Corps volunteer for the VDH.

* Hipaa Signed Date: 02/28/2017
* Liability Signed Date: 02/28/2017

☒ I consent to the use of MRC related photographs containing my likeness for any MRC related purpose including public relations and recruitment purposes.
☒ I understand that the Virginia Department of Health will only use my personal information as it directly relates to my role as a volunteer with the Medical Reserve Corps.
☒ I hereby certify that all entries on this registration form are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of my volunteer position in the service of the Commonwealth of Virginia. I understand that all information on this registration is subject to verification and I consent to credential and criminal history background checks. I also consent that you may contact all references listed regarding this registration. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained here may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the program coordinator or designee. I also understand that completion of the application does not guarantee that I will be approved as a volunteer.

Submit for Approval or Continue later

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- When you submit your application for approval, you will receive a **“Volunteer Registration - Thank You”** message. You can review your application by clicking the **“View completed registration form”**. Your MRC unit coordinator will contact you shortly with information about trainings, unit activities and can answer any additional questions you may have.

If you log-in to VVHS before you are contacted by the MRC unit coordinator, you will not be able to make any changes or corrections to your account before your registration has been approved. However, the MRC unit coordinator can make corrections for you at any time.

If you selected the incorrect MRC unit when you submitted your application, please use the **“contact us”** link or send an email to vamrc@vdh.virginia.gov and we will transfer your application.

Registration Received

Thank you for taking time to register as a volunteer with Virginia Volunteer Health System. We have received your registration. It typically takes 5-7 business days to review your registration and complete the approval process. You will be notified by email when the approval process is complete.

If you have any questions or comments, please [contact us](#).

[View completed registration form.](#)



My Registration

Section	Status
Create an Account	Created on 02/28/2017
Contact Information	Complete
Credentials	Complete
Additional Information	Complete
Submitted	Submitted on 02/28/2017

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7. Once the application is submitted, VVHS automatically sends an email to you. If you have any additional questions, use the contact information provided in the email you receive. **Congratulations on completing your first step to become a Virginia MRC volunteer!**

