Blue Ridge
VIRGINIA

medical reserve corps

Blue Ridge Medical Reserve Corps

Confidentiality Agreement

The Blue Ridge Medical Reserve Corps appreciates your giving of your time, talent and abilities to assist us in serving the citizens of the Central Virginia Health District. As a Blue Ridge Medical Reserve Corps (BRMRC) volunteer, you have an obligation to the public we serve to demonstrate a high level of integrity and ethical standards.

- **Confidential Information**: You may have access to confidentially sensitive information during your assignment as a BRMRC volunteer. You must agree to maintain the confidentiality of this information.

- **Identification:**_You have been issued a photo ID badge which must be worn at all times while actively participating in BRMRC training, meetings or volunteer activities. This identification must be returned upon termination of your BRMRC tenure. If lost, please report to your BRMRC Volunteer Coordinator.

- **Safety:**_The reduction of personal injury and equipment damage in the workplace is essential to an efficient operation. We ask that you be aware of safety issues at all times. Report any hazards to the Volunteer Coordinator. Report any injury immediately to the Incident Commander.

- **Credentials:**_All Medical BRMRC volunteers must have a current license and/or certification to provide the type of health care for which they are volunteering. Medical Volunteers will be asked to provide proof of licensure and credentialing before they can be activated as a BRMRC volunteer. If retired, Medical volunteers will be asked to provide verification of training and/or copy of last active license.

- **Contact Information:**_As a BRMRC volunteer, it may be necessary for you to be activated if and when a disaster strikes; therefore, it is very important that all your contact information is up-to-date on the Virginia Volunteer Health System regularly. If you cannot access your account notify the Volunteer Coordinator.

- **Commitment:**_There is not a large annual time commitment. We ask every volunteer to complete all their paperwork, orientation and core competencies. Annually attendance at one training and one drill is requested.

  In the event of manning vaccination/dispensing sites, we ask that every volunteer be willing and able to work several 12-hour shifts over the course of an event. If at any time, you find that you will be unable to continue as an BRMRC volunteer, please contact the Volunteer Coordinator as soon as possible.

Thank you for serving the citizens of The Central Virginia Health District.

Signature of BRMRC Volunteer _____ Date_____

Signature of BRMRC
MRC Volunteer Coordinator _____ Date_____

Volunteers Protecting Local Public Health