

**FORM A: Maine CDC PHEP Healthcare Volunteer Request Form (ICS 213 HRR)**

(Please print legibly to ensure accuracy)

Requesting Organization Information	Volunteer Coordinator name:		
	Organization Name:		
	Organization Address:		
	Contact phones/fax:		
Organization authority approval	Name/Title:		Date/Time:
	Phone Number(s):		
Relevant Information on Event	Logistics Chief:		
	Volunteer Staging Location:		
	Description of Event for healthcare needs:		
<b>Information on the Number and Types of Healthcare Volunteers</b>			
Relevant Job Action Sheets/Skills/License Requirements		Number of Volunteers requested by Type	Estimated Shift Duration
TOTAL NUMBER OF VOLUNTEERS REQUESTED BY TYPE:			
Anticipated Date(s) of Service:	Start date:		
	End date:		