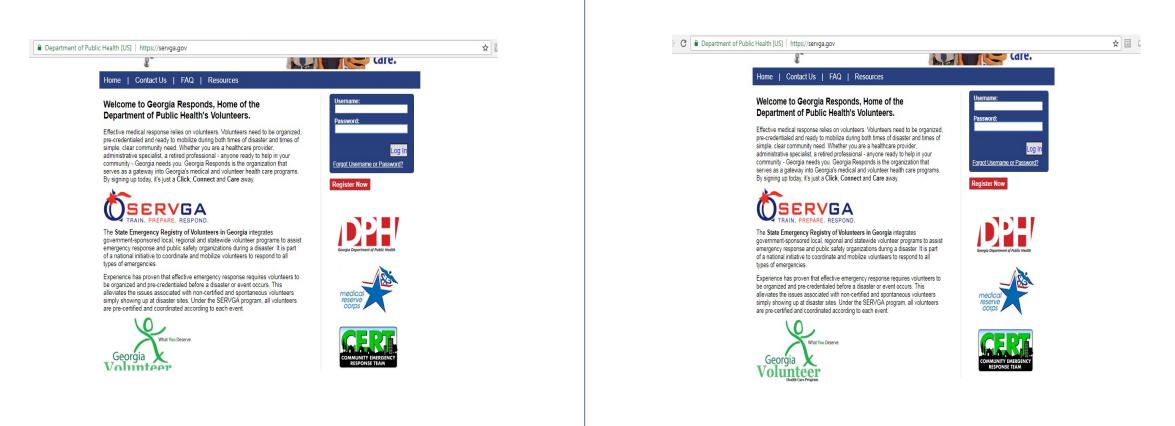


Base Module Manual





Access the Home Page from www.servga.gov.

From the tool bar at the top you can access the Contact Us screen.

GEORGIA RESPONDS Home Contact Us FAQ Resource	s	dick. connect. care.
Please complete the form below to contact an administ * Do you know the organization that you would like • Yes • No * Your Name: * Your Email Address: * Confirm Email Address: * Subject: * Subject: * Message:	REQUIRED (*)	Usemame: Password: Log In Eorgat Usemame or Password2 Register Now

From the tool bar at the top you can access the FAQ Screen.

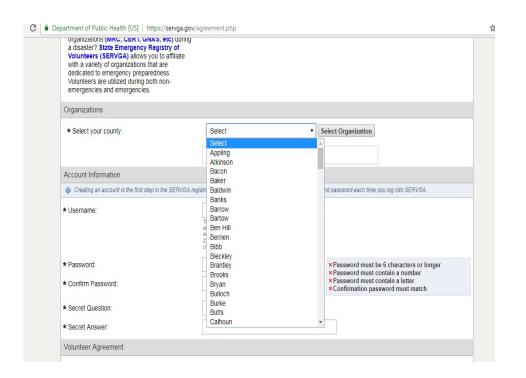


From the tool bar at the top you can access the Resources Screen.



To Join, Select the "Register Now" Button to access this screen.

You will then be asked to select "Volunteer Opportunities". You have the opportunity to select the Georgia Volunteer Health Care Program which works with free clinics to provide health care to the uninsured and/or emergency response programs.



If you select "Yes" for emergency response, select your county of interest.

C	Department of Public Health [US] https://servga.gov/a	greement.php		☆	3
	organizations (MKC, CERT, GNAS, etc) during a disaster? State Emergency Registry of Volunteers (SERVGA) allows you to affiliate with a variety of organizations that are dedicated to emergency preparedness. Volunteers are utilized during both non- emergencies and emergencies.				
	Organizations				
	* Select your county:	Bibb	Select Organization		
	Account Information				
	Creating an account is the first step in the SERVGA reg.	istration process. You will use your account usernam	e and password each time you log into SERVGA.		
	* Username:	The usemame must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A- 2, O-3) and the ymotol B(), -, and _ Usemames are not case sensitive.			
	* Password: * Confirm Password:		 × Password must be 6 characters or longer × Password must contain a number × Password must contain a letter 		
	- commit accurate.		× Confirmation password must match		
	* Secret Question:	Select			
	* Secret Answer:				
	Volunteer Agreement				

For example: Bibb County.

Registration	
 For the best experience, do not use the refresh, stop 	, back or forward buttons on the browser and only single-click buttons within a page.
2) An asterisk (*) indicates a required field. You will be	alerted if the required information has not been entered.
3) For your security, all communications are encrypted	and you will be logged out automatically if you are inactive for more than 20 minutes.
We recommend the latest version of <u>Microsoft Intern</u> or <u>PC</u> with JavaScript enabled and pop-up blocker to	<u>et Explorer for Windows. Mozilla Firefox for Mac or PC, Apple Safari for Mac or PC</u> or <u>Google Chrome for Mac</u> rined off to use this site. Please see your browser's help file for more information.
Volunteer Opportunities	
* Are you interested in volunteering for the Georgia Volunteer Healthcare Program (GVHCP)? As a volunteer you will help increase access to healthcare for uninsured and underinsured Georgians. Sovereign immunity (SI) is provided to licensed health and dental providers. During an emergency or disaster your services maybe requested, however you are not required to volunteer.	© Yes ⊛ No
* Are you interested in volunteering to assist emergency response and public safety organizations (MRC, CERT, GNAS, etc) during a disaster? State Emergency Registry of Volunteers (SERVGA) allows you to affiliate with a variety of organizations that are dedicated to emergency preparedness. Volunteers are utilized during both non- emergencies and emergencies.	e Yes O No

Opportunities in the county selected will populate. See volunteer organization options in Bibb County.

Bibb GA Nurse Alert System × stration process. You will use your account us SERVGATest1 The usemame must be at least six (6) characters inplus abjanume (A- 2, 0-9) and the symbols (B, -, -, and _, -, Usemame are not case sensitive.		lect Organization	vou log into SERVG	3A.
GA Nurse Alert System × stration process. You will use your account us SERVGATest1 The usemane must be at least six (6) characters inguise aphronumeric (A- Acceptable characters include aphronumeric (A- C - O) and the your oblig (D, -, and -).			vou log into SERVG	ЭА.
stration process. You will use your account us SERVGATest1 The usemane must be at least six (6) characters ingo a control contain apaces. Acceptable characters include apihanumeric (A- 2, 0-9) and the yourbool (B_u, -, and -).	sername and	d password each time y	vou log into SERVG	3A.
SERVGATest1 The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A- Z, O-9) and the ymobol (8),, an	sername and	d password each time y	you log into SERVG	3A.
SERVGATest1 The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A- Z, O-9) and the ymobol (8),, an	sername and	d password each time y	vou log into SERVG	θA.
The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A- Z, 0-9) and the symbols @, ., ., and				
characters long and cannot contain spaces. Acceptable characters include alphanumeric (A- Z, 0-9) and the symbols @, ., -, and				
		 Password is 6 char Password contains 	racters or longer	
		✓ Password contains	a letter	ch
Select	•			
Select What is the name of your first school	1?			
	?			
What street did you grow up on?				
	Select What is the name of your first schoo What is your father's middle name? What is your mother's maiden name What is your pet's name? What street did you grow up on? Volunteer Agreement and/or the SER?	Select What is the name of your first school? What is your father's middle name? What is your mother's maiden name? What is your pet's name? What street did you grow up on? Volunteer Agreement and/or the SERVGA Volur	Select Select What is the name of your first school? What is your father's middle name? What is your mother's maiden name? What is your pet's name? What street did you grow up on? ree to the <u>GVHCP</u> Volunteer Agreement and/or the <u>SERVGA Volunteer Agreement</u>	Select What is the name of your first school? What is your father's middle name? What is your mother's maiden name? What is your pet's name? What street did you grow up on? ree to the GVHCP

- [

Screenshot of completing the initial registration.

organizations (INKC, CEKT, GNAS, etc) a disaster? State Emergency Registry Volunteers (SERVGA) allows you to aff with a variety of organizations that are dedicated to emergency preparedness. Volunteers are utilized during both non- emergencies and emergencies.	of	
Organizations		
* Select your county:	Select	Select Organization
	Select Appling Atkinson	
Account Information	Bacon Baker	
Oreating an account is the first step in the St	ERVGA registra Baldwin	nd password each time you log into SERVGA.
* Username:	Banks Barrow 77 Bartow 28 Ben Hill 4 Berrien 2 Bibb Bibckley	
* Password:	Brantley	× Password must be 6 characters or longer × Password must contain a number
* Confirm + assword.	Brooks Bryan Bulloch	× Password must contain a number × Password must contain a letter × Confirmation password must match
* Secret Question:	Burke Butts Calhoun	

Volunteer Agreements for each program need to be reviewed at initial registration.

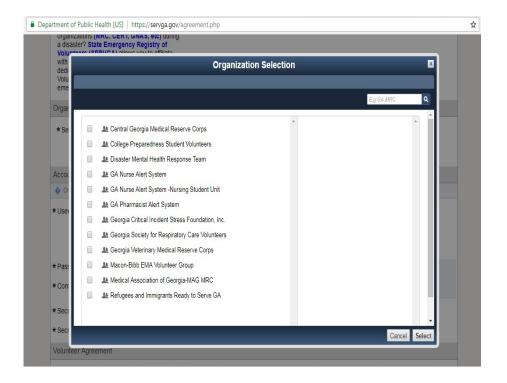
a disaster? State Emergency Reg Volunteers (SERVGA) allows you with a variety of organizations that dedicated to emergency preparedn Volunteers are utilized during both emergencies and emergencies.	to affiliate are ess.			
Organizations				
* Select your county:	Bibb	Select Organization		
Account Information				
Creating an account is the first step in the SERVGA registration process. You will use your account username and password each time you log into SERVGA.				
* Usemame:	The usemane must be at least air (6) characters long and cannot contain spaces. A C+31 and the syntholo (2), - yierd (2), Usemanes are not case sensitive.			
* Password: * Confirm Password:		×Password must be 6 characters or longer ×Password must contain a number ×Password must contain a letter		
Commin Password.		×Confirmation password must match		
* Secret Question:	Select •			
* Secret Answer:				

Information required at registration is marked with an asterisk.

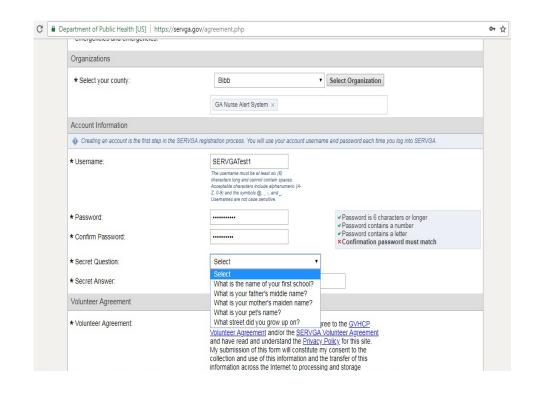


▼ Contact Method 1.	Select	
t Muset - i - All		
* Number to Attempt:		
		Add Another Contact Method
Occupation Information		
* What is your occupation type?	Medical •	
* Occupation:	Select •	
	If your occupation does not appear in the list, please select Other.	
* What is your current professional status for this occupation?	Select	
Registration Feedback		
How did you hear about the site?	Select •	
	if Other, please specify in the comments.	
Comments:		
	<i>h</i>	

If you select Medical Occupation, this is the screen that appears requesting additional information.



Screenshot of Medical Occupations.



Screenshot of Professional License Status Drop down Menu

Occupation Information	
* What is your occupation type?	Medical •
* Occupation:	RN-Registered Nurse If your occupation does not appear in the list, please select Other.
* What is your current professional status for this occupation?	Select Select
Registration Feedback	Licensed/Certified and Active Licensed/Certified and Active Part-Time Licensed/Certified and Inactive for Less than 5 Years
How did you hear about the site?	Licensed/Certified and Inactive for Less than 5 Years Licensed/Certified and Inactive for More than 5 Years Non-Licensed and Active Non-Licensed and Retired
Comments:	Non-Licensed and Student

Medical Example:

When selecting occupation types, select APRN, not "RN-Nurse Practitioner" because it does not interface with the system. This is the only instance that has created issues to date. All additional types are recognized.

emergencies and emergencies.		
Account Information		
Oreating an account is the first step in the S	ERVGA registration process. You will us	rd each time you log into SERVGA.
* Username:	The usemane must be at least six (6) characters long and cannot contain apaces. Acceptable characters include alphanumeric (A- 2, 0-9) and the symbol (s, and Usemames are not case sensitive.	
* Password: * Confirm Password:		 Password must be 6 characters or longer Password must contain a number Password must contain a letter Confirmation password must match
* Secret Question:	Select	
* Secret Answer:		
Volunteer Agreement		
* Volunteer Agreement:	By checking this box, I indicate that I ag <u>Volunteer Agreement</u> and/or the <u>SERVGA</u> and have read and understand the <u>Privacy</u> My submission of this form will constitute n collection and use of this information and t information across the Internet to processi facilities supporting this system. I also agre administrative and legal notices such as th	Volunter: Agreement . <u>Policy</u> for this site. . my consent to the he transfer of this ng and storage e to receive required
* Information Pledge:	By checking this box, I pledge to provide information when completing this registrati give consent to SERVGA/GVHCP and their to collect, use, verify, and maintain any infor collected through the use of this citle.	on process. I also ir designated agents

Screenshot if you select Non-Medical Occupation

	collected through the use of this site.	
Name and Address		
Prefix:	Example: Dr., Col., Mr., Mra., Ma.	
* First Name:		
Middle Name:		
* Last Name:		
Suffix:	Example: Jr., Sr., MD., PhD, RN	
* Home Address Line 1:		
Home Address Line 2:		
* City:		
* State:	Select •	
* County:	Select •	
* Zip Code:		
Work State:	Select •	

Screenshot of non-medical occupation options.

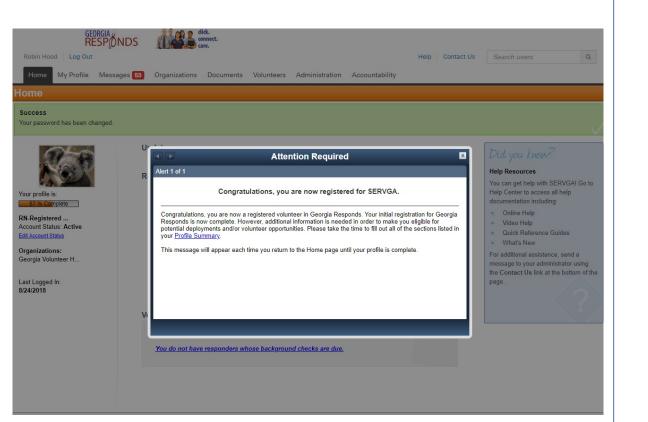
* Contact Method 1.	Select	
* Number to Attempt:		Add Another Contact Method
		Add Another Contact Method
Occupation Information		
* What is your occupation type?	Medical	
* Occupation:	Select	
	If your occupation does not appear in the list, please select Other.	
* What is your current professional status for this occupation?	Select	
Registration Feedback		
How did you hear about the site?	Select •	
Comments:	if Other, please specify in the comments.	
comments.		

★ Contact Method 1.	Select	
* Number to Attempt:		
		Add Another Contact Method
Occupation Information		
* What is your occupation type?	Medical	
* Occupation:	Select Select	
* What is your current professional status for this occupation? Registration Feedback	Advanced Emergency Medical Technician (AEMT) Athletic Trainer Audiologist Behavioral Health Professional, Unlicensed Cardiovascular Technologist / Technician Chiropractor	
How did you hear about the site?	Counselor, Mental Health Counselor, Rehabilitation Counselor, School	
Comments:	Counselor, Substance Abuse and Behavioral Disorder Dental Assistant Dentiat Hygienist Dentist Dietetic Technician Dietetian Emergency Medical Responder (EMR) EMT-Basic EMT-Intermediate EMT-Paramedic	

Screenshot of Current Professional Status

Screenshot of Registration Feedback. Indicate how you learned about SERVGA.





Completing the above steps correctly will result in a successful registration:





57 % Complete

Account Status: Active Edit Account Status

Organizations: Georgia Volunteer H...

Last Logged In: 8/24/2018 Recent Messages 53 First Annual SERVGA Administrator Conference Regi... SERVGA Administrator Test Message Background Training Message Background check and training SERVGA Administrator Dates To Remember- 2019 New Year! New SERVing Georgia Newsletter! UPDATE: UPDATE: Gwinnett Chamber names 2018 Healt... **SERVGA Conference Save the Date Follow Up**w/ a... *SERVGA Conference Save the Date Follow Up** **SERVGA Conference Save the Date Follow Up**

Verifications

You have responders whose credential verifications are due.

You do not have responders whose background checks are due.

Help Resources You can get help with SERVGA! Go to Help Center to access all help

documentation including:

Friday 10:02 AM

1/17/2019 12:33 PM

1/16/2019 4:07 PM

1/16/2019 2:39 PM

1/10/2019 12:52 PM

1/8/2019 9:13 AM

12/21/2018 12:30 PM

12/21/2018 10:40 AM

12/21/2018 10:31 AM

12/21/2018 9:02 AM

- Online Help
- Video Help
- Quick Reference Guides
 What's New
- What's New

page

For additional assistance, send a message to your administrator using the Contact Us link at the bottom of the

57% of your profile is successfully complete.



GEORGIA RESPONDS didk. Robin Hood Log Out	Help	Contact Us Search users Q
Home My Profile Messages 63 Organizations Documents Volunteers Adm	istration Accountability	
Summary Identity Deployment Prefs Contact Occupations Training Skills & C	rtifications Medical History Backgrou	und Check Settings
Summary		
57 % Complete		
In order to make you eligible for potential deployments, all profile information must be complete. Please take the to	e to fill out each section below.	
Sidentity, (incomplete - required fields missing) Your name, current address, physical characteristics, and ability to operate a licensed motor vehicle.		
© Deployment Preferences (incomplete - required fields missing) Your availability for deployments, activity preferences for deployments, and existing emergency response commitments.		
Contact (complete) Your contact information and emergency contacts for use during a deployment.		
© <u>Occupations</u> (incomplete - must complete occupations) Your professional experience • • • • • • • • • • • • • • • • • • •)	
Caraining (complete) Your completed training courses.		
© Skills and Certifications (complete) Your expertise to be considered for deployment eligibility and prior deployment history.		
Medical History, (incomplete - required fields missing) Your health conditions that may affect deployment eligibility and your vaccination history.		
Background Check (complete)		

There are different roles available in the system: i.e. System Coordinator (State view), Local Administrators, and Responders. The following screenshots are what the responders have permissions to see and/or change only. Incomplete fields are written in red, to alert users they are not finished.

* What is your occupation type?	Non-Medical V	
That is your cooperior type:		
* Occupation:	Select •	
	Select	A
	Accountant	
* What is your current professional status for this	Administrative Assistant Air Traffic Controller	
occupation?	Animal Control Worker	
Registration Feedback	Arbitrator	
riogionation i ocabaon	Archeologist Assessor	
How did you hear about the site?	Assessor	
	Barber	
Comments	Boat Builder or Shipwright	
continents.	Bus Driver, Transit and Intercity Call Center	
	Camera Operator	
	Cargo and Freight Agent	
	Carpenter	
	Cartographer	
	Cement Mason or Concrete Finisher Chaplain	
	Chef	-

Screenshot of the Identity Tab

Occupation Information	
* What is your occupation type?	Non-Medical •
* Occupation:	Select
* What is your current professional status for this occupation?	Select V Select
Registration Feedback	Active Inactive
How did you hear about the site?	Retired Student • If Other, please specify in the commenta.
Comments:	
	Previous Ne

Name and Address Information:

- please include suffix in the suffix box ONLY- not in the last name box.
- using your official first name here, helps with an accurate interface on your license.

Occupation Information	
* What is your occupation type?	Non-Medical •
* Occupation:	Select If your occupation does not appear in the list, please select Other.
* What is your current professional status for this occupation?	Select • Select
Registration Feedback	Active Inactive
How did you hear about the site?	Retired Student # Other, please specify in the commenta.
Comments:	
	Previous

- Only 1 email address can be assigned to 1 account.
 Your email address is used as your unique identifier.
 Hence there can be no sharing of an email account in SERVGA i.e. spouse scenario.
- Emails are optional, but highly recommended.

Primary Email Address		×	RESPONDS	connect.	
Email Address:	Robin.Hood@gmail.com		Robin Hood Log Out		elp Contact Us Search users Q
New Email Address:			Home My Profile Messages 53	Organizations Documents Volunteers Administration Accountability	
	If you have an email account, it is important for you to provide this information. Without your email address, you may miss important messages and notifications. Please note that the system		Home		
	will not allow two accounts with the same email address. If you do not have an email address or your email address is already registered with the system, you can learn more about obtaining a		Success		
	free email address by <u>clicking here</u>		Your password has been changed.		
Confirm Email Address:					<u>_</u>
		Add Another Email Address	Ur	Attention Required	Did you know?
			A south a	Alert 1 of 1	Help Resources
Contact Method			R		You can get help with SERVGA! Go to
Enter your preferred contact numbers for notifications	during an emergency and for other system related issues. Additional information is required for pager numbers.		Your profile is:	Congratulations, you are now registered for SERVGA.	Help Center to access all help documentation including:
(₽ X	57 % Complete	Congratulations, you are now a registered volunteer in Georgia Responds. Your initial registration	
Contact Method 1			RN-Registered Account Status: Active	Responds is now complete. However, additional information is needed in order to make you eligit potential deployments and/or volunteer opportunities. Please take the time to fill out all of the sec	ble for Video Help
* Contact Method 1:	SMS/Text Msg 💌		Edit Account Status	your <u>Profile Summary</u> .	Guick Reference Guides What's New
			Organizations: Georgia Volunteer H	This message will appear each time you return to the Home page until your profile is complete.	For additional assistance, send a
* Number to Attempt 1:	770 444 2222 x	I Add Another Contact Method			message to your administrator using the Contact Us link at the bottom of the
			Last Logged In: 8/24/2018		page.
Contact Method 2		↑ ×	012412010		
Contact Method 2			V		
* Contact Method 2:	Select •				
* Number to Attempt 2:				You do not have responders whose background checks are due.	
		Add Another Contact Method			
Emergency Contact					
The individuals to contact in the event of a personal elements	nergency during deployment.				

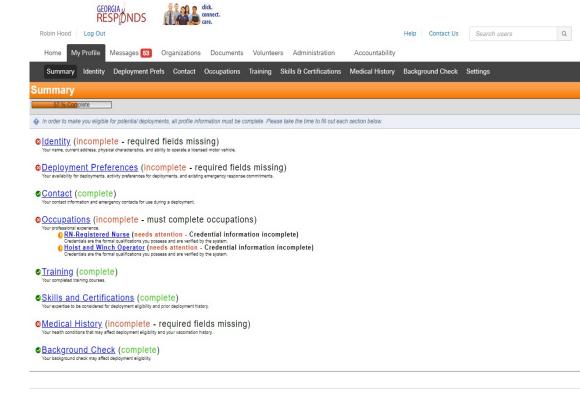
Contact Method

- You can have up to 4 phone numbers
- Note, if you wish to receive text messages, select SMS Text.

SMS/Text Screenshot: Volunteers must select this option in order to receive mobile text messages.



GEORGIA Robin Hood Log Out Home My Profile Mess Home	NDS dick. care. ages 53 Organizations Documents Volunteers Administration Ac	Help Contact Us	Search users Q
Success Your password has been changed.			
Vour profile is: 57 % Complete RN-Registered Account Status: Active Exit Account Status: Organizations: Georgia Volunteer H Last Logged In: 8/24/2018	Updates 3:09 PM 44 volunteers are pending for membership in Georgia Volunte Recent Messages 53 First Annual SERVGA Administrator Conference Regi SERVGA Administrator Test Message Background Training Message Background check and training SERVGA Administrator Dates To Remember- 2019 New Year! New SERVing Georgia Newsletter! UPDATE: UPDATE: Gwinnet Chamber names 2018 Healt **SERVGA Conference Save the Date Follow Up**wl a *SERVGA Conference Save the Date Follow Up** **SERVGA Conference Save the Date Follow Up** **SERVGA Conference Save the Date *	eer Healthcare Progr Friday 10:02 AM 11/17/2019 12:33 PM 11/16/2019 4:07 PM 11/16/2019 2:39 PM 11/10/2019 12:52 PM 11/10/2019 9:13 AM 12/21/2018 10:31 AM 12/21/2018 10:31 AM 12/21/2018 9:02 AM	Did you know Help Resources You can get help with SERVGAI Go to Help Center to access all help documentation including: • Online Help • Video Help • Quick Reference Guides • What New For additional assistance, send a message to your administrator using the Contact Us link at the bottom of the page.



Under the Identity Tab, simply clicking the edit field will allow you to update your profile.

You can also add detailed personal information in this secure system.

	GEORGIA U RESPONDS	des	dick. connect. care.								
Robin Hood Log	Out						Help	Contact I	Us	Search users	Q
Home My Profi	le Messages 53	Organizations	Documents	Volunte	ers Administration	Accountability					
Summary Iden	tity Deployment Pr	efs Contact	Occupations	Training	Skills & Certifications	Medical History	Backgro	und Check	Set	tings	
Deployment P	refs										
Edit Information											
Willingness and Availa	ability										
					No information provided.						
Prior Emergency Res	ponse Commitments										
					No information provided.						
 History of Changes 											

RESPONDS	dick. conect. care.	
Robin Hood Log Out		Help Contact Us Search users Q
Home My Profile Messages 53 Org	ganizations Documents Volunteers Administration Accountability	
Summary Identity Deployment Prefs	Contact Occupations Training Skills & Certifications Medical History	Background Check Settings
Deployment Prefs		
Willingness and Availability		
Deployment preferences are used to help match volunt	eers to potential emergency deployments.	
★ Where are you willing to travel for deployment?	Local In-State Out-Of-State Check all that apply	
 How many days are you willing to be deployed? In the event of a declared national emergency, would you consider volunteering to work under the authority of the Federal Government? 	Select days Yes No Selectory yes may result in your information being provided to the Federal Government upon its request.	
* Are you interested in telehealth?	O Yes O No	
Prior Emergency Response Commitments		
Indicate whether you have an existing emergency resp	onse commitment.	
* Do you have any other commitments that might pose a conflict in the event of an emergency?		

Cancel Save Changes

Deployment Preferences will help Administrators identify potential volunteers during times of need.



Primary Email Address		x
Email Address:	Robin.Hood@gmail.com	
New Email Address:		
	If you have an email account, if is importent for you to provide this information. Without your enail addines, you may hink infordance massages and outfordance. These and that the system will not allow too accounts with the same email address. If you do not have an email address or your email address is already registered with the system, you can learn more about obtaining a free email address by <u>allowing have</u> .	
Confirm Email Address:		
		Add Another Email Address
ntact Method		
Enter your preferred contact numbers for not	fications during an emergency and for other system related issues. Additional information is required for pager numbers.	
Contact Method 1		↓ ×
* Contact Method 1:	SMS/Text Msg 🔹	
* Number to Attempt 1:	770 444 2222 x	
- Humber to Attempt 1.		Add Another Contact Method
Contact Method 2		↑ ×
* Contact Method 2:	Select	
* Number to Attempt 2:		
		Add Another Contact Method
ergency Contact		
The individuals to contact in the event of a p	arsonal emergency during deployment	

Contact: This allows the responder to receive notifications in a variety and/or preferred way. For example: Texts, Emails, Voicemail, Internal Messaging, and ALL of the ABOVE.

↓ x
₩ X
<u>Add Another Contact Method</u>
↑ ×
Add Another Contact Method
x



GEOR RES			lick. connect. care.				Help Contact Us	Search users	Q
Home My Profile	Messages 53 0	rganizations	Documents	Voluntee	rs Administration	Accountability			
Summary Identity	Deployment Prefs	Contact	Occupations	Training	Skills & Certifications	Medical History	Background Check	Settings	
Identity									
Name and Address									
Prefix:		Example: Dr.,	Col., Mr., Mrs., Ms.						
* First Name:		Robin							
Middle Name:									
* Last Name:		Hood							
Suffix:		Jr Example: Jr.,	Sr., MD., PhD, RN						
* Home Address Line 1:		1234 Wor	nderland Blvd.						
Home Address Line 2:									
* City:		Juliette							
* State:		Georgia	•						
* County:		Bibb	•						
* Zip Code:		31210							
Work State:		Select		۲					
11. 12. 1. 1. 1. 1.									

Emergency contact is a mandatory field when updating information to complete your profile.

Identifying Information	
* Date of Birth:	mm/dd/yyyy
Social Security Number:	SSN a usad to verify certain licensure information and for identification purposes
* Gender:	Select •
Height:	Feed ▼ Height measurements are required for equipment filting/biting as well as transportation logistic.
Weight:	lbs.
	Weight may be used in determining maximum loads for air transportation or for filting of personal production equipment.
Driver's License or State-Issued Identificatio	n Card Information
$\boldsymbol{\diamond}$ Enter information exactly as it appears on the drive	r's license or state-issued identification card.
* First Name on Card:	
Middle Name on Card:	
* Last Name on Card:	
Suffix on Card:	
* Driver's License/ID Card Number:	
* Expiration Date:	mm/dd/yyyy
* Issuing State:	Select •
Driver's License Endorsements	
Indicate all driver's license endorsements for operative	ting motorized vehicles.
Licensed to operate:	Class A
	Class B
	Class M
	Class C
Are you certified to transport hazardous materials?	Yes No

The next category in your profile is "Occupations". Note you can add up to four occupations

GEORGIA URA COMPACT CONTRACT	Robin Hood
Robin Hood Log Out Help Contact Us Search users Q	Home My
Home My Profile Messages 🔯 Organizations Documents Volunteers Administration Accountability	Summary
Summary Identity Deployment Prefs Contact Occupations Training Skills & Certifications Medical History Background Check Settings	Deploymer
	Willingness and
Deployment Prefs	Deployment pre-
Edit Information	* Where are you v
Willingness and Availability	
No information provided.	
Prior Emergency Response Commitments	* How many days
No information provided.	In the event of a would you consi the authority of t
	* Are you interest
	Prior Emergency
► History of Changes	Indicate whether
	* Do you have an

GEORGIA U RESPONDS	dick. connect. care.	
Robin Hood Log Out		Help Contact Us Search users Q
Home My Profile Messages 53 Or	ganizations Documents Volunteers Administration Accountat	bility
Summary Identity Deployment Prefs	Contact Occupations Training Skills & Certifications Medical His	tory Background Check Settings
Deployment Prefs		
Willingness and Availability		
Deployment preferences are used to help match volument	teers to potential emergency deployments.	
* Where are you willing to travel for deployment?	Local In-State Out-Of-State Check all that apply	
 How many days are you willing to be deployed? In the event of a declared national emergency, would you consider volunteering to work under the authority of the Federal Government? 	Select	
* Are you interested in telehealth?	Ves No	
Prior Emergency Response Commitments		
Indicate whether you have an existing emergency resp	ionse commitment.	
* Do you have any other commitments that might pose a conflict in the event of an emergency?	O Yes O No	

Cancel Save Changes

When updating your occupations, be sure to complete all asterisked fields.

You must complete the fields in order to save changes. If you do not, you will receive an error message of this type.



GE		dick. connect. care.						
Robin Hood Log Out						Help Contact Us	Search users	Q
Home My Profile	Messages 53 C	Organizations Docum	ents Volunteers	Administration	Accountability			
Summary Identity	Deployment Prefs	Contact Occupation	ns Training S	kills & Certifications	Medical History	Background Check Se	ettings	
Contact								
Edit Information								
Email								
Primary Email Address								
Email Address 1:		Robin.Hood@gmail	com					
Contact Method								
Contact Method 1								
Contact Method 1:		SMS/Text Msg						
Number to Attempt 1:		770-444-2222						
Emergency Contact								
Emergency Contact 1								
Emergency Contact Name	e 1:	Fryer Tuck						
Relationship 1:		Co-Worker						
Primary Contact Number	1:	444-444-4444						
Secondary Contact Numb	er 1:							

Non-medical Occupation selection- provides this sequence of questions.

Robin Hood	GEOR RES	SPONDS	1146	lick. onnect. are.				Help Cont	tact Us	Search users		Q
Home My	Profile	Messages 53	Organizations	Documents	Volunteers	Administration	Accountability					
Summary	Identity	Deployment Pr	efs Contact	Occupations	Training SI	kills & Certifications	Medical History	Background (Check \$	Settings		
Contact												_
Email												
The information	you provide l	nere will be used fo	communications ab	out potential deplo	ments and othe	r system-related issues.						
Primary Emai	il Address											×
Email Addre	ess:		Robin	.Hood@gmail.	com							
New Email A	Address:		email ac will not a your em	dress, you may miss allow two accounts wit	mportant messages in the same email ad registered with the s	u to provide this information. W and notifications. Please note dress. If you do not have an en ystem, you can learn more abo	that the system nail address or					
Confirm Em	ail Address									+.	Add Another Email A	ddress
Contact Method												
📀 Enter your prefe	rred contact i	numbers for notifica	tions during an emer	gency and for othe	r system related	issues. Additional informa	ation is required for pag	er numbers.				
Contact Meth	od 1											×
* Contact Met				/Text Msg ▼ 444 2222 x						+A	dd Another Contact	Method
Emergency Cont	tact											
The individuals t	to contact in t	he event of a perso	nal emergency durin	g deployment.								

Note: edits and changes can be tracked in the history.



Enter your preferred contact numbers for notificat	tions during an emergency and for other system related issues. Additional information is required for pager numbers.	
Contact Method 1		x
* Contact Method 1: * Number to Attempt 1:	SMS/Text Msg 770 444 2222 x	
		Add Another Contact Method
nergency Contact		
nergency Contact The individuals to contact in the event of a persor	nal emergency during deployment.	
	nal emergency during deployment.	x
The individuals to contact in the event of a person Emergency Contact 1	nal emergency during deployment. Fryer Tuck	x
The individuals to contact in the event of a person		x
The individuals to contact in the event of a person Emergency Contact 1 * Emergency Contact Name 1:	Fryer Tuck	X
The individuals to contact in the event of a person Emergency Contact 1 * Emergency Contact Name 1: * Relationship 1:	Fryer Tuck Co-Worker	x

Medical Occupation Edit View **Professional License information must be accurate for a successful verification.**

Professional Status	Alabama Alaska	
Please select the status for your occupation. If you select appropriate status.	American Samoa Arizona Arkansas	in residency please select student. In all other cases please select the
* What is your current professional status for this occupation:	California Colorado Connecticut	•
Professional License	Delaware District of Columbia	
Enter the number listed on your license exactly as as it a number. If you have additional licenses for different occu		u include any license prefixes (such as RN) in addition to your license our profile and enter the license number there.
Is the name on this license the same as the name you provided in your personal information: License Number:	Guam Hawaii Idaho Illinois Indiana Iowa	on the license.
* Issuing State or Jurisdiction:	Select State or jurisdiction in which this license was issued.	V
Expiration Date:		
Is your license in good standing:	Ves No	
Is your license free of adverse actions and restrictions:	🔵 Yes 🛛 No	Add Another
ABNS		



GEORGIA y RESPONDS	dick. connect. care.		Help Contact Us	Search users	Q
Home My Profile Messages 63 Org	anizations Documents Volunteers Administration	Accountability			
Summary Identity Deployment Prefs	Contact Occupations Training Skills & Certification	ns Medical History	Background Check S	Settings	
Add New Occupation					
* What is your occupation type:	Medical				
* Occupation:	Select If your occupation does not appear in the list, please select Other.				
* What is your current professional status for this occupation:	Select				
				Cance	Save Changes

The next category is "Training" where completed trainings and copies of certificates can be entered in the system.

RESPONDS Connect.						-	
Welcome, Robyn Freeh (Log Out)					Help Center User Searc	٩	
Home My Profile Messages Organizations	Documents V	olunteers Admin	nistration Cor	figurations	Accountability		
Summary Identity Deployment Prefs Contact Occupation	s Training Skills a	& Certifications Media	al History Backgr	ound Check S	iettings		
						PRINT VIEW	
Training							
Add Training Course							
Completed Training Courses							
The following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following is a list of training courses you have complete the following the f	sted through LMS or	SERVGA					
						1-8 of 8	
Course Name	Course Type	Course Date	Course ID	Location	Verification Status	Delete	
ICS-200: Basic Incident Command System	SERVGA	01/22/2018	Not Applicable	-	Not Checked	×	
ICS-700: An Introduction to National In	SERVGA	01/23/2018	Not Applicable	-	Not Checked	×	
ICS-800: An Introduction to National Re	SERVGA	01/25/2018	Not Applicable	-	Not Checked	×	
Hazardous Materials Awareness	SERVGA	07/27/2016	Not Applicable		Not Checked	×	
ICS-300: Intermediate Incident Command	SERVGA	08/08/2016	Not Applicable	-	Not Checked	×	
ICS-100: Introduction to the Incident C	SERVGA	11/19/2012	Not Applicable		Not Checked	×	
ICS-400: Advanced Incident Command Syst	SERVGA		Not Applicable	-	Not Checked	×	
SERVGA Training	SERVGA	**	Not Applicable		Not Checked	×	
						1-8 of 8	
Training Sessions							
Click on a session below to view more information and si	gn up.						
-	50.050.						
						0-0 of 0	

C

There is a prepopulated list of the most common emergency preparedness trainings.

GEORGIA / RESPONDS	dick. connect. care.			Contact Us	Robin Hood L Home My P Summary I	rofile Messages 53	RESPONDS Organizations Documents Volues	nteers Administr		Background Check Sett		ntact Us Searc
	Iranizztiona Documento				Add up to 4 occup		ir have held in the past. Use the arrows in the C	occupation Rank column	n to move the occupations up or do	wn and determine your primary (1	1) and secondary (2-4) occupations.	
Home My Profile Messages 83 0 Summary Identity Deployment Prefs	rganizations Documents Contact Occupations Training	Skills & Certifications Medical History	r Background Check Settings		Add Another Occupati	סיי	2 rows displayed					
Add New Occupation							Occupation Name RN-Registered Nurse Hoist and Winch Operator	01	icense Last Checked ‡ 1/03/2019 11:40:40 AM 1/03/2019 11:00:52 AM	0ccupatio	n Rank≑	
What is your occupation type:	Non-Medical V								103/2019 11:00:02 AM	2 T		
Occupation:	Accountant If your occupation does not appear in the list, please select Other.											
hat is your current professional status for this cupation:	Select •						Select an action: Delete V Submit Ar	otion				
			Ca	ancel Save Changes	▼ History of Chang	es						
							1 row displayed					
							Editor 0 Field		Old Value	New Value	Time 🗘	

Hood, Robin

Occupation

Registered Nurse

Hoist and Winch Operator 08/24/2018 11:31:14 am

Skills and certifications can also be entered into the system.

Q

GEORGIA RESPONDS	dick. connect. care.	Contact Us
	ganizations Documents	
Home Wy Profile Messages 63 Org	janizations Documents	
Summary Identity Deployment Prefs	Contact Occupations Training Skills & Certifications Medical History Background Check Settings	
Edit RN-Registered Nurse		
Professional Status		
Please select the status for your occupation. If you sele	cted a medical occupation and are currently in residency please select student. In all other cases please select the appropriate status.	
* What is your current professional status for this occupation:	Licensed/Certified and Active	
Professional License		
Enter the number listed on your license exactly as as it occupations, please add a new occupation to your profil	appears on your license. Make sure that you include any license prefixes (such as RN) in addition to your license number. If you have additional le and enter the license number there.	licenses for different
Is the name on this license the same as the name you provided in your personal information:	Yes No No No	
License Number:		
	Professional License number, exactly as it appears on the license.	
Issuing State or Jurisdiction:	Select	
	State or jurisdiction in which this license was issued.	
Expiration Date:		
Is your license in good standing:	© Yes ○ No	
Is your license free of adverse actions and restrictions:	© Yes ⊚ No	
		Add Another

Languages spoken can be indicated in the Profile section.

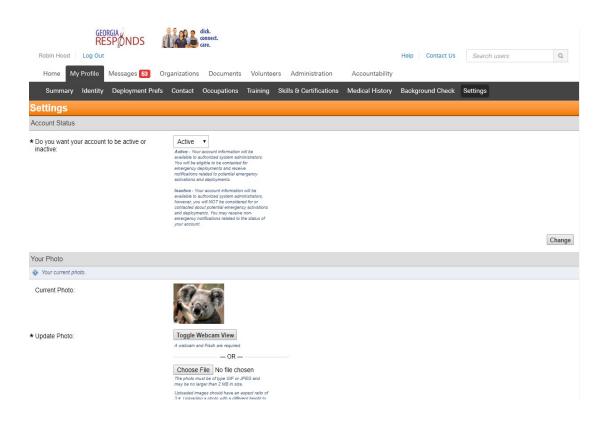
	dick. connect. care.					
Robin Hood Log Out				Help Contact Us	Search users	Q
Home My Profile Messages 53 Org	anizations Documents	Volunteers Administration	Accountability			
Summary Identity Deployment Prefs	Contact Occupations	Training Skills & Certifications	Medical History	Background Check	Settings	
Medical History						
Medical Preparedness						
Medical history information will be used to ensure your particular to a state of the state of	protection during a potential deplo	oyment.				
* Are you physically able to participate in a field deployment?	• Yes O No					
Allergies						
Do you have any known serious allergies:	Yes No Example: latex: anaphylaxis, penicillin	1: rash.				
Psychological Training						
Have you received training on the psychological impact of emergency response?	Yes NO Selecting Yes will allow you to enter th your training.	he date of				
Hepatitis A						
Dose #1:	Month Year Y					
Dose #2:	Month • Year •					
Additional Hepatitis A Information:						
Hepatitis B						
Dose #1:	Month Year					
Dose #2:	Month • Year •					
Dose #3:	Month Vear V					
T 11		Not Deformed				

Medical History and immunization records may be important information needed when identifying volunteers for deployment.



GEORGIA		d a d	ick. onnect.									
Robin Hood Log Out			are.					Help	Contact Us	Search user.	s	Q
Home My Profile Mess	ages <mark>53</mark> Orga	anizations	Documents	Volunte	ers Admir	nistration	Accountability					
Summary Identity Dep	loyment Prefs	Contact	Occupations	Training	Skills & Ce	ertifications	Medical Histo	ry Backgrou	nd Check	Settings		
aining												
dd Training Course												
mpleted Training Courses												
The following is a list of training cou	ırses you have compl	leted through	LMS or SERVGA									
												0-0 of 0
Course Name	Course Type	e	Course Da	ate	▲ Cou	rse ID	Location	Ve	erification St	atus	Dele	te
					No Re	sults Found						0-0 of (
ining Sessions												
	ore information and s	ign up.										
ining Sessions Click on a session below to view m	ore information and s	ign up.										0-0 of 0

While the system does not provide background checks, Administrators can manually enter this information based on their organizational standards.



Settings: An individual can change their status based on their availability preferences.



Robin Hood L	GEORC RES		<u>ia</u>	dick. connect. care.				Help	Contact Us	Search users	Q
Home My Pr		essages <mark>53</mark>	Organizations	Documents	Volunte	eers Administration	Accountability	Tielp	Guillact US	Searon users	4
Summary Id	dentity C	Deployment Pre	efs Contact	Occupations	Training	Skills & Certifications	Medical History	Backgrou	ind Check S	ettings	
Skills & Certi	tificatio	ons									
Edit Information											
Healthcare Skills an	nd Certifica	ations									
						No information provided.					
Other Relevant Skil	ills and Cer	rtifications									
						No information provided.					
Languages											
						No Information Provided.					
Prior Deployment E	Experience										
► History of Chang	ges										

Under the Settings tab in My Profile, individuals can change their username, password and account status.

	GEO	SPONDS		lick. onnect. are.							
Robin Hood	Log Out							Help Contac	t Us	Search users	Q
Home M	y Profile	Messages 53	Organizations	Documents	Volunteers	Administration	Accountability				
Summary	Identity	Deployment Pro	efs Contact	Occupations	Training SI	cills & Certifications	Medical History	Background Ch	ieck	Settings	
Skills & Ce	ertifica	tions									
Healthcare Skill	s and Cer	tifications									
		care skills and certifica y in deployments.	tions below. The sk	ills and certification	ns below are thos	e that have been obtained	d either through a certifi	cation process or th	ough na	m-required training. These will b	e used to
Select all that a Automated Exter Cardio-pulmonar Disease Surveilla First Aid	nal Defibril y Resuscit				* •						*
	other releva		ons below. The skills	s and certifications	below are those	that have been obtained e	either through a certifica	ation process or thro	ugh non-	-required training. These will be	used to
Select all that a Data Entry Radio Operator Clerical Work Inventory Manag					•	•					*
Languages											
Indicate any lar	nguages, oth	er than English, that y	ou are able to write	and/or speak. The	information you	provide may be used to m	atch you to potential de	ployments.			
Language 1											×
Language:			Sele	ct		•					
Spoken Ab	ility:		Sele	ct 🔹							
Written Abi	lity:		Sele	ct 🔹							
										+ Add And	other Language

A responder can only see their organization.



	v
ou are able to write and/or speak. The information you provide may be used to match you to potential deployme	ients.
	x
Select	
Select	
Select	
	+ Add Another Language
pated in as part of a volunteer organization with members of the public. Activities could range from assisting in	a multi-day mass care incident, staffing a flu clinic, or participating in a
	x
Month V Year V	
Days	
/ment:	
cij	you are able to write and/or speak. The information you provide may be used to match you to potential deploym Select Sele

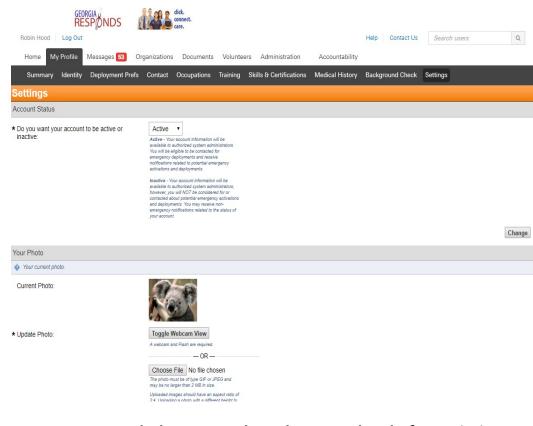
Under Messages, a responder can compose an email and send it to their Administrator. Note that normal email functions apply here i.e. sent, save drafts, etc.

	dick. connect. care.						
Robin Hood Log Out					Help Contact Us	Search users	Q
Home My Profile Messages 53 Org	ganizations Documents	Volunteers	Administration	Accountability			
Summary Identity Deployment Prefs	Contact Occupations	Training Skills	s & Certifications	Medical History	Background Check	Settings	
Medical History							
Medical Preparedness							
$\boldsymbol{\diamond}$ Medical history information will be used to ensure your p	protection during a potential dep	loyment.					
* Are you physically able to participate in a field deployment?	● Yes O No						
Allergies							
Do you have any known serious allergies:	○ Yes ● No Example: latex: anaphylaxis, penicill	lin: rash.					
Psychological Training							
Have you received training on the psychological impact of emergency response?	Yes No Selecting Yes will allow you to enter your training.	the date of					
Hepatitis A							
Dose #1:	Month Vear Vear Vear Vear Vear Vear Vear Vear						
Dose #2:	Month • Year •						
Additional Hepatitis A Information:			li				
Hepatitis B							
Dose #1:	Month Vear Vear Vear Vear Vear Vear Vear Vear						
Dose #2:	Month Vear V						
Dose #3:	Month • Year •						
		A Not Dorform	and .				



Robin Hood Log C Home My Profile	e Messages 63 Organizations		nistration Accountability	Help Contact Us	Search users Q
Summary Ident Background Cl		Occupations Training Skills & Ce	ertifications Medical History E	Background Check Se	ttings
	1 row displayed Check Type \$ Manual Background Check	Check Status a	Last Updated \$	<u>View Details</u>	

Documents used by the unit can be accessed here



You can search documents based on your level of permissions assigned by Administrators.



Accountability Module

<< Back to Inci	dent Dashboard	REQUIRED (*)
Create In	cident	
Details		
	Incident Identification	
	* Name:	Exercise**Hurricane Cinderella **Exercise
	* Type:	Hurricane
	* Start Date:	08/24/2018
	* Start Time:	15 V Select V
	End Date:	08/31/2018
	End Time:	07 🔻 00 🔻
	Notes:	Eprecastled to impact all 159 counties of Georgia. Surge levels are over 2011.
	Incident Administration	
	Add organizations to allow the administration incident administrators on the Permission	lors of these organizations to manage this incident. After the incident is created, you can add is tab.
	Allow organization administrators to n locations, roster, time, and attendance incident? Add Organizations	nanage ⊛ Yès ⊚ No for this
	* Organization(s):	GA Nurse Alert System ×

Select "Create Incident". Start and end times can be modified. Administrator permissions.

: Health [US] https://	/servga.gov/incident_d	lashboard.php			
					PRINT VIEW
Incident Dashb	oard			View Incid	lent: Exercise**H
Create Incident					
Incident Details	s				Go To Details
	Exercise**Hurrica	ne Cinderella *	*Exercise		
			Excitoioo		
	Start Date: 08/24/2				
	End Date: 08/31/2	2018			
	Notes: Foreca:	sted to impact all 159	counties of Georgia. Surge levels	are over	
	20ft.				
	201C				
	Creator: Robin F	Hood			
		Hood			
		Hood			
Locations (0 To	Creator: Robin H	Hood Go To Locations	Roster (0 Volunteers)		Go To Roster
Locations (0 To	Creator: Robin H		Roster (0 Volunteers)		Go To Roster
Locations (0 To	Creator: Robin H	Go To Locations	Roster (0 Volunteers) Deployment Status	▲ Volunteer	0-0 of 0
	Creator: Robin H	Go To Locations 0-0 of 0		▲ Volunteer	0-0 of 0
	Creator: Robin H	Go To Locations 0-0 of 0		 Volunteer: 	0-0 of 0
	Creator: Robin H	Go To Locations 0-0 of 0		 Volunteer 	0-0 of 0
	Creator: Robin 1	Go To Locations 0-0 of 0	Deployment Status		0-0 of 0
	Creator: Robin H	Go To Locations 0-0 of 0	Deployment Status	Volunteer:	0-0 of 0
	Creator: Robin 1	Go To Locations 0-0 of 0	Deployment Status		0-0 of 0
	Creator: Robin 1	Go To Locations 0-0 of 0	Deployment Status		0-0 of 0
	Creator: Robin 1	Go To Locations 0-0 of 0	Deployment Status		0-0 of 0

Incident Dashboard – come back to this screen for most options.

RESPONDS	didt. connect.				
Welcome, Robin Hood (Log	Out)			Help Center User Sea	arch
Home My Profile	Messages Organizations Do	ocuments Volunteers	Administration Acco	ountability	
Incidents Locations Tim	ne & Attendance My Status				
<< Back to Incident Da	shboard				PRINT VIEW
Incident - Exe	rcise**Hurricane Cir	nderella **Exer	cise		
Details					
Locations	Incident Locations				
Roster	Add Location				
Jobs					1-3 of
Permissions	Location	^	Allow to Self-Check In/O	ut? Roster	Delete
	Peter Pan Shelter Evening	Shift	Yes No	View Roster 🕱 📆	×
	Peter Pan Shelter Morning	<u>Shift</u>	Yes No	View Roster 🕱 📆	×
	Peter Pan Shelter Overnig	ht Shift	Yes No	View Roster 🕱 📆	×
					1-3 of 3

Administrators determine if volunteers can self check-in/out.

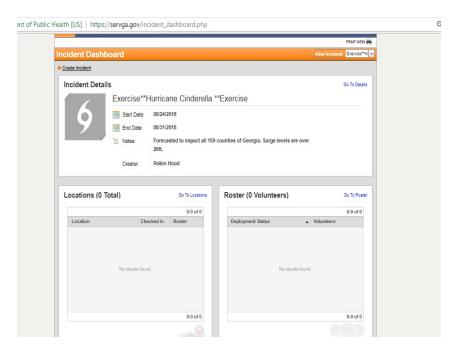
RESPONDS	dick. connect. care.			
Welcome, Robin Hood (L	(Out)		Pelp Center	Jser Search C
Home My Profile	Messages Organizations Documents	Volunteers Adminis	tration Accountability	
Incidents Locations 1	ne & Attendance My Status			
<< Back to Incident I	ashboard			PRINT VIEW
Incident - Ex	ercise**Hurricane Cinderella	**Exercise		
Details				
Locations	Jobs			
Roster	Add Job			
Jobs				0-0 of 0
Permissions	Title	Pay Rate	Delete	
		No resu	its found.	
				0-0 of 0

Create jobs using navigation bar on left side.



<< Back to Incide	ent Dashboard	REQUIRED
Create Inc	ident	
Details		
	@ Cancel	
	Incident Identification	
	* Name:	Exercise**Hurricane Cinderella **Exercise
	* Type:	Hurricane
	* Start Date:	08/24/2018
	* Start Time:	15 T Select T
	End Date:	08/31/2018
	End Time:	07 🔻 00 🔻
	Notes:	Eprecastied to impact all 159 counties of Georgia. Surge levels are over 20th
	Incident Administration	
	Add organizations to allow the administrators of these incident administrators on the Permissions tab.	e organizations to manage this incident. After the incident is created, you can add
	Allow organization administrators to manage locations, roster, time, and attendance for this incident?	⊛ Yes O No
	Add Organizations	
	* Organization(s):	GA Nurse Alert System ×

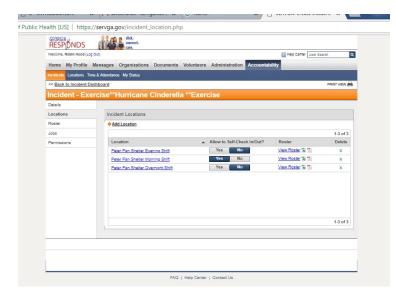
Create types of jobs. This can be done prior to emergency.



Create roster for jobs. Allows you to add volunteers based on groups, administrators, organizations and/or access levels.

Creating pool of volunteers

- Identify need
- Create message that allows for volunteers to indicate availability
- Create groups based on volunteer responses



You should only be able to select organization for which you have rights/permissions as Administrator.



Creating pool of volunteers

- Identify need
- Create message that allows for volunteers to indicate availability
- Create groups based on volunteer responses

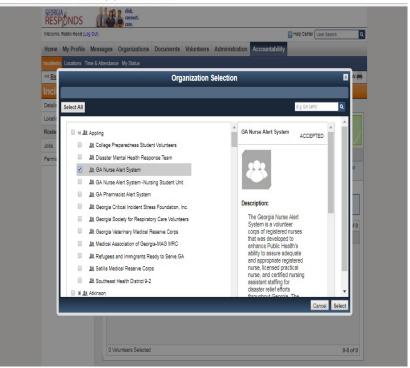
Welcome, Robin Hood (Log	Dut)					Help Center	User Search	C
Home My Profile	Messages Organizations	Documents \	Volunteers	Administration	Accountability			
Incidents Locations Tim	e & Attendance My Status							
<< Back to Incident Da	shboard						REQ	UIRED (1
Incident - Exe	rcise**Hurricane	Cinderella	**Exerci	se				
Details								
Locations	Cancel							
Roster	Job Details							
Jobs			1					
Permissions	* Job Title:			Puppetmaster				_
	Pay Rate:		s	10.00	per	hour		
							Cance	Save

Once volunteers are identified, you can message and/or assign locations.

Select and assign your volunteers to a location/shift. If you only add to roster but don't assign to location, you can't assign a job.

<< Back to Incident Dash	board				PRINT VIEW					
Incident - Exerc	cise**Hurricane Cin	derella **Exercise								
Details										
Locations	Success									
Roster	The volunteers have been added to the roster.									
Jobs		V.								
Permissions	Incident Roster									
	Incident roster contains all during the incident.	responders available for deployme	nt. These responders might be	assigned and deployed to multi	ple locations					
	Add Volunteer									
	Display Filter									
	Location: All	¥								
	Check All 💌				1-6 of					
	Name	Occupations	Deployment Status	Assigned Locations	Delete					
	🖲 <u>Bowden, Tameka</u>	Database Administra	No Status	O Locations	x					
	Freeh, Emily	Eligibility Special	No Status	0 Locations	x					
	Freeh, Robyn	Management	No Status	0 Locations	X					
	Hall, Sedrick	Computer Systems An	No Status	O Locations	X					
	Vargas, Monica	Public Health Admin	No Status	0 Locations	x					
	Mliams, Lakieva	Planner	No Status	0 Locations	Х					
	0 Volunteers Selected				1-6 of					
Select an Action: Select	Submit Action			Results Per	r Page: 50					
O View Incident Assign to										

Select "submit action" to generate your location/shift options.



ment of Public Health [US] | https://servga.gov/incident_roster.php

Blue dot indicates the volunteers assigned to location/shift.

Department of Public Health [US] | https://servga.gov/incident_roster.php

	dent Dashboard					PRINT NEW		
Incident -	 Exercise**Ht 	irricane Cir	nderella **Exercise	•				
Details								
Locations	Succe							
Roster		aa lunteers have been	added to the roster.					
Jobs						V		
Permissions	Inciden	Roster						
		Incident roster contains all responders available for deployment. These responders might be assigned and deployed to multiple locations during the incident.						
	• Add V	olunteer						
	D	splay Filter						
		ocation: All	¥					
	Ch	ack All 🔻				1-6 of 6		
			Occupations	Deployment Status	Assigned Locations	Delete		
	8 B	owden, Tameka	Database Administra	No Status	0 Locations	x		
	Ø E	reeh, Emily	Eligibility Special	No Status	0 Locations	x		
	Ø F	reeh, Robyn	Management	No Status	0 Locations	x		
	8 <u>-</u>	all, Sedrick	Computer Systems An	No Status	0 Locations	x		
	8 <u>v</u>	argas, Monica	Public Health Admin	No Status	0 Locations	x		
	2 <u>v</u>	<u>Alliams, LaKieva</u>	Planner	No Status	0 Locations	x		
	D Volur	teers Selected				1-6 of 6		
Select an Action	Select V	Submit Action	1		Results Pe	r Page: 50		
	Select					-		
View Inciden	Assign to Location Send Message							
	Delete		FAQ Help Center Co	ntact Us				

Note two volunteers at 2nd location. See 0/2 for evening shift. Once you select "view", you can assign specific jobs.

I neip Genter Gaer Search VERSILE, INVERT 14 Home My Profile Messages Organizations Documents Volunteers Administration Accountability Locations Time & Attendance My Status PRINT VIEW << Back to Incident Dashboard ncident - Exercise**Hurricane Cinderella **Exercise Details Locations Incident Roster Roster Incident roster contains all responders available for deployment. These responders might be assigned and deployed to multiple locations during the incident. Jobs Add Volunteer Permissions Display Filter Location: All Ŧ Check All 1-6 of 6 Name ▲ Occupations Deployment Status Assigned Locations Delete No Status X Bowden, Tameka Database Administra... 0 Locations No Status 0 Locations x Freeh, Emily Eligibility Special. Freeh, Robyn No Status O Locations X Management Hall, Sedrick Computer Systems An. No Status 0 Locations X No Status 0 Locations х Vargas, Monica Public Health Admin... No Status x Williams, LaKieva Planner 0 Locations 2 Volunteers Selected 1-6 of 6 Results Per Page: 50 V Select an Action: Assign to Location ▼ Submit Action View Incident Roster Log FAQ | Help Center | Contact Us

See "Job Title" and change unassigned to desired position to be filled.

nt of Public Health [US] https://servga.gov/incident_roster.php

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	Che	Select Peter Pan Shelter Evening Shift		1-6 of
	N.	Peter Pan Shelter Morning Shift	Assigned Locations	Delete
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	□ <u>w</u>) Locations	x
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See Tameka Bowden change to RN.

dick. connect. RESPONDS Welcome, Robin Hood (Log Out) Help Center User Search ۹ Home My Profile Messages Organizations Documents Volunteers Administration Accountability Locations Time & Attendance My Status << Back to Incident Dashboard PRINT MEW ncident - Exercise**Hurricane Cinderella **Exercise Details Locations Success Roster Location changed to Peter Pan Shelter Evening Shift for 2 volunteers. Jobs Incident Roster Permissions Incident roster contains all responders available for deployment. These responders might be assigned and deployed to multiple locations during the incident. Add Volunteer Display Filter Location: All Ŧ 1-6 of 6 Check All 🔻 Name Occupations Deployment Status Assigned Locations Delete Bowden, Tameka Database Administra. No Status 1 Location X 1 Location (1) x Freeh, Emily Eligibility Special. No Status Freeh, Robyn Management No Status O Locations X Computer Systems An. No Status 0 Locations x Hall, Sedrick Public Health Admin. No Status 0 Locations х Vargas, Monica No Status 0 Locations х Williams, LaKieva Planner 0 Volunteers Selected 1-6 of 6

An administrator can also update their status (in transit, mobilized, off duty, etc.)

of Public Health [US] | https://servga.gov/incident_roster.php

Locations (3	Total)		Go To Locations	Roster (6 Volunteers)	Go To Ro
	,		1-3 of 3		1	1-1 of 1
Location		Checked In	Roster	Deployment Status	▲ Volunteers	1-1 01 1
Peter Pan Shelt	er Morning Shift	0/0	View 😨 🎵	No Status	8	
Peter Pan Shelt	er Evening Shift	0/2	View 😨 🛪			
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			1-3 of 3			1-1 of 1

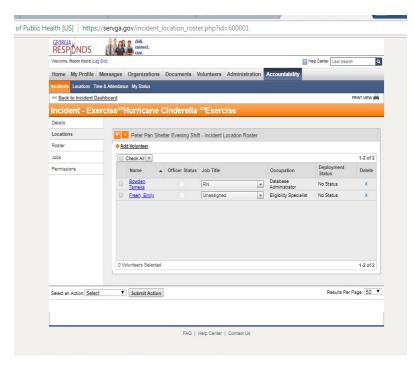
An administrator and/or shelter point of contact can also check in/make changes.

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	0 Volunteers Selec	ted					1
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Under Time and Accountability, you can look at individual time activity log for the incident.

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Under roster log, all activities are tracked for entire incident. No activities can be deleted.



To close an incident, click "Go to Details"

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Incident - Exen	cise**Hu	rricane Cin	derella **Exercise	•				
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	Na	me 🔺	Occupations	Deployment Status	Assigned Locations	Dele		
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	Freeh, Robyn		Management	No Status	0 Locations	х		
	✓ Ha	I. Sedrick	Computer Systems An	No Status	0 Locations	X		
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"Go to Details" screenshot. Option to close incident is at the bottom.

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	1	REQUIRED (4
Time & Attendance		
		Scan
Sort By	Display Filter	
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		1-2 of 2
Bowden, Tameka	Checked In: 3:17 PM	Check In
Job Title: RN	Checked Out: 3:17 PM	Chiede III
Ereeh, Emily	Checked In:	Check In
Job Title: RN	Checked Out:	
		1-2 of 2

Under Incident Status, select "Close" to end the incident. Note: The incident is updated when the green "Success" messages populates. Incident is now closed but can be reopened.



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		Volunteers Administration Accountability						
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Details								
Locations	P Edit Incident							
Roster	Incident Identification	Incident Identification						
Jobs	Creator	SERVGATest1						
Permissions	Name:	Exercise**Hurricane Cinderella **Exercise						
	Type:	Hurricane						
	Start Date:	08/24/2018						
	Start Time:	15:00						
	End Date:	08/31/2018						
	End Time:	7:00						
	Notes:	Forecasted to impact all 159 counties of Georgia. Surge levels are over 20ft.						
	Incident Status							
	Status:	Close Open-Ongoing						
	-							

Administrators can generate Accountability Roster reports from Administration Tab.

After incident:

- Make changes to positions and locations for future incidents.
- Thank responders.