

PERSONNEL 3.0

Registration -- 3.12

Registration of Volunteers -- 3.12.a

Issued: December 31, 1998

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Signature:

A handwritten signature in black ink that reads "Cathy R. Taylor, DrPH, MSN, RN". The signature is written in a cursive style and is centered within a light gray rectangular box.

By: Cathy R. Taylor DrPH, MSN, RN
Assistant Commissioner
Bureau of Health Services

POLICY

All individuals who participate as volunteers in programs operated under the authorization of the Bureau of Health Services must be registered with the Division of Claims Administration.

APPLICABILITY

This policy applies to local health department, regional and central office personnel.

PURPOSE

To afford certain protections and immunities to individuals performing authorized volunteer services.

PROCEDURE

Certain protections are extended to individuals who participate as volunteers for programs which are operated under the authorization of the Bureau of Health Services. However, in order that the potential liabilities created by the activities of volunteers be recognized and funded, departments are required to report to the

Division of Claims Administration certain information regarding the number of duties and participants providing volunteer services.

Every volunteer must register online using the Volunteer Mobilizer System, which can be accessed via the Tennessee Department of Health website. The Regional Volunteer Coordinator must ensure a Board of Claims Volunteer Registration Form is submitted on every volunteer to the Public Health Emergency Preparedness Program (PHEP) within the Communicable and Environmental Disease Services Section for submission to the Board of Claims. The Regional Volunteer Coordinator must ensure a current license is on file for any volunteer who is required by law to have a license to perform the duties for which they are volunteers (i.e., physicians, registered nurses). The Regional Volunteer Coordinator will also maintain an up-to-date volunteer registration list and submit any changes to the PHEP.

Except during a declared state of emergency, each volunteer must read and sign [Form PH-3131](#) which relates to confidentiality, drug-free workplace, workplace harassment and conflict of interest. This form should be maintained in the volunteer's personnel file.

For actions taken in the course of performing volunteer services, authorized volunteers would be immune from suit in the same manner as state employees. Persons injured by the actions of volunteers would be able to file claims directly against the State. Any claims which arise from volunteer activities will be paid from the claims award fund. If volunteers are not registered properly with the Division of Claims Administration, claims paid would be charged against the agency or department for which the involved volunteers performed services.

NECESSARY FORMS

[Form PH-3131](#)

REFERENCE DOCUMENTS

1. [T.C.A. 8-42-101\(3\)\(B\)](#)
2. [T.C.A. 9-8-307](#)

OFFICE OF PRIMARY RESPONSIBILITY

Communicable and Environmental Disease Services Section, Bureau of Health Services, (615)741-7247