

Illinois Helps State Request

COVID-19 STAFFING REQUEST FORM

Date of Request	Time of Request	Email Reply to (fax or phone if necessary)

Purpose and Use of Illinois Helps State Request COVID-19 Staffing Request Form:

The [Illinois Helps](#) system is available to vet medical and non-medical volunteers for disaster response to local health departments, Medical Reserve Corps, long term care facilities, and healthcare organizations. Each group can have their own organization in *Illinois Helps* whereby volunteers that come into the system can request to affiliate with them. Each organization manages their own portal and volunteers. Submission of this form in no way guarantees the request will be fulfilled.

The purpose of this form is once volunteers in the requesting organization’s portal have been exhausted, the organization would like state assistance in seeking additional volunteers. The *Illinois Helps* state team can message within its own Statewide COVID-19 Responders organization to ask specific volunteers based on occupation located within a certain area of the state if they wish to help the requesting organization. The *Illinois Helps* team will only message volunteers in the state group that we have been able to verify their licensure status. Those volunteers may or may not have been backgrounded (which would then fall to the organization receiving them to determine and handle as appropriate).

Directions for Requesting Organization:

Please fill out this form and submit it to illinois.helps@illinois.gov. Your organization will need an *Illinois Helps* portal if it does not already have one. Please make sure someone within your organization can manage the volunteers in the system that wish to affiliate with your organization. The request put out by the state in the Statewide COVID-19 Responders organization will ask volunteers that wish to affiliate with your organization to do so with the information provided below. The organization should be prepared to answer questions from the volunteers including rate of pay, reimbursement of expenses, location, and duration among other things. Please do not request assistance to message volunteers until these questions have been addressed locally in order to maximize effectiveness of this process. The requesting organization point of contact should be prepared to then work with the volunteers directly.

Requesting Organization			
Organization Name		Contact Name and Title Submitting Request	
Physical Address of Response Site		Phone Numbers	Email/fax
Description of Volunteer Opportunity (be specific-what work will people be doing?)			
Staffing Resources Requested			
Resource Description (using occupation names from Illinois Helps like RN, CNA, LPN, etc.)	Quantity	Time/Date needed by	Duration
Additional considerations or requests (will volunteers be paid and/or reimbursed for expenses? Liability coverage provided?)		Volunteer’s home locations to be considered when messaging? Example: contiguous counties, certain counties in an IDPH region, statewide	

Who are the 24/7 contact people from your organization for this request?				
Name	Phone	Phone	Email	Fax

