



DIRECTIVE

Pennsylvania Emergency Management Agency
2605 Interstate Drive
Harrisburg, PA 17110-9364

Subject: OFFICIAL ENROLLMENT OF STATE
EMERGENCY MANAGEMENT VOLUNTEERS

Number: D2006-1

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By Direction of: James R. Joseph, Director

Review Date: September 15, 2008

I. PURPOSE

A. The purpose of this Directive is to define procedures for volunteers to meet the “duly enrolled” criteria pursuant to Section 7706 (pertaining to compensation for accidental injury) of the Pennsylvania Emergency Management Services Code (EMSC) (35 Pa. C.S.A. §§ 7101-7707 as amended) for the purpose of being eligible to receive compensation for accidental injury. The procedural options for enrollment include the following:

1. Enrollment with the Pennsylvania Emergency Management Agency (PEMA) on an Official Enrollment List; and
Receipt of an identification card from PEMA for volunteers enrolled via an Official Enrollment List; OR

2. Enrollment in the web based State Emergency Registry of Volunteers in PA (SERVPA) maintained by the Pennsylvania Department of Health (DOH).

B. Completion of the steps listed above in accordance with the instructions contained herein shall constitute official enrollment of volunteers for the purposes of compensation for accidental injury.

II. APPLICABILITY AND SCOPE

Section 7706 of the EMSC states that all duly enrolled emergency management volunteers, and such other volunteers as the agency shall by regulation qualify, who are not eligible to receive benefits under the Workers’ Compensation Laws shall be entitled, except during a state of war or period of armed conflict within the continental limits of the United States, to certain specified benefits relating to injuries sustained while actually engaged in emergency management activities and services or in or enroute to and from emergency management tests, drills, exercises or operations authorized by the PEMA and carried out in accordance with rules and orders promulgated and adopted by the agency.

III. AUTHORITY

The authority for this Directive is the Pennsylvania Emergency Management Services Code, 35 Pa. C.S. Sections 7701-7707, as amended.

IV. GENERAL INFORMATION

A. All volunteers who are actively involved in emergency management training, testing or other emergency management activities with PEMA, established in accordance with the provisions of the EMSC, are considered to be “volunteer members” of PEMA.

B. All volunteers who enroll in SERVPA are deemed to be duly enrolled and eligible for compensation for accidental injury pursuant to Section 7706 of the EMSC.

C. In order to be eligible for the accidental injury and death benefits described in Paragraph II above, any person who now serves, or subsequently desires to serve, as a volunteer must utilize one of the two methods identified in Section I, above, to be officially enrolled as an emergency management volunteer in accordance with this Directive.

D. Sections V through VII of this Directive do not pertain to volunteers who enroll in SERVPA. SERVPA volunteers should consult the SERVPA web site to obtain information pertaining to procedural requirements for filing a claim for compensation benefits.

V. OFFICIAL ENROLLMENT LISTS

A. The first step in the official “enrollment” of emergency management volunteers shall be the preparation of Official Enrollment Lists which contain the enrollment number, name, address, enrollment date and duty assignment of each individual enrolled by the Commonwealth. For this purpose, a printed form, entitled “Official List of Duly Enrolled State Emergency Management Volunteers,” (Form PEMA-OEL-2) is furnished as Attachment 1. Individuals desiring to become state volunteers shall contact the designated program manager of the specific program, complete all required application forms, provide proof of qualifications, and authorize the Commonwealth to perform a “criminal history record information” (CHRI) check through the Pennsylvania Access to Criminal History (PATCH) System administered by the Pennsylvania State Police. Specific programs which allow the enrollment of volunteers at the state level are identified and authorized through Directives promulgated by the Pennsylvania Emergency Management Agency and identify the purpose, scope, authority, member qualifications and the specific manager of each program. PEMA maintains a list of programs which allow the use of state EMA volunteers.

B. The “Official List of Duly Enrolled State Emergency Management Volunteers,” Form PEMA-OEL-2 is hereinafter referred to as the “Official State Enrollment List.”

C. The following important points apply to the preparation and filing of Official Enrollment Lists (OEL):

1. The original OEL must be maintained in a permanent file by the specific program manager at PEMA headquarters. The State Emergency Operations Center (SEOC) will maintain a copy for notification and activation purposes. The SEOC must strive to maintain an accurate and up-to-date list at all times and must receive updates from the program manager in a timely manner whenever changes occur.

2. The OEL shall not be considered valid unless each page is dated and signed by the PEMA Program Manager or designee of the specific program.

D. Care must be used in the preparation and maintenance of the OEL for the Commonwealth. Information contained in the OEL will become critical in the certification of “duly enrolled” emergency management volunteers entitled to receive compensation benefits for accidental injury or death.

E. In the event a duly enrolled volunteer files a claim for accidental injury or death benefits, the responsible program manager shall:

1. Prepare an affidavit as follows:

“I certify that the attached page ___ of the ‘Official List of Duly Enrolled State Emergency Management Volunteers is a true and correct copy of the official enrollment of (name of injured), a duly enrolled volunteer member of the Pennsylvania Emergency Management Agency as filed with this office.”

2. The affidavit shall be attached to a photostatic or reproduced copy of the Official List of Duly Enrolled State Emergency Management Volunteers page containing the name of the injured emergency management volunteer.

3. The affidavit and OEL page containing the injured volunteer’s name shall be forwarded to the Pennsylvania Emergency Management Agency, together with the required claim papers. PEMA Directive D2000-3 “Compensation for Accidental Injury” shall be followed in its entirety.

VI. IDENTIFICATION CARDS

A. The second step in the official “enrollment” of emergency management volunteers is the issuance of personal identification cards.

B. PEMA is responsible for the development and issuance of identification cards to be used by all “duly enrolled” state emergency management volunteers. At a minimum, identification cards should include: the name of the emergency management program; name and address of the enrollee; service assignment; enrollment number and date; date of issue; signature of the specific emergency management program manager; and a photograph of the member. PEMA will create, number, log and issue the photo identification card via PEMA Facilities Management or a contractor who will comply with the requirements of PEMA and the Commonwealth with regard to all specifications including numbering, photographs or other parameters as specified. A prototypical identification card format is provided as Attachment 2.

C. When issuing the identification card, the following guidelines apply:

1. All spaces provided on the card must be completed.
2. The “Enrollment Number” must be the same number that is entered on the “Official Enrollment List” as described in Paragraph V of this Directive.
3. The “Enrollment Number” is the individual’s numerical order of enrollment in the emergency management organization. There shall be no duplication among the actual enrollment numbers assigned to individuals within the same organization.
4. Each identification card must be signed by the specific emergency program manager or designee.

VII. RELATED INFORMATION

A. When the Official Enrollment List is prepared or updated, the date of a volunteer’s enrollment entry must be the date of the individual’s original entry into a duly enrolled status, as shown on previously existing lists.

B. No volunteer is considered “duly enrolled” until the volunteer’s name has been entered on the Official Enrollment List and has been issued an identification card.

C. In the event an identification card is lost, accidentally mutilated or becomes illegible, the PEMA Program Manager must cancel the original card and issue a replacement. Replacement cards must bear a new enrollment number and photograph.

D. Any and all program related materials including, but not limited to, Commonwealth issued Identification Cards are to be surrendered to the specific program manager upon request, upon resignation of the member, or upon termination.

E. Blank copies of Official Enrollment Lists are obtained from PEMA.

VIII. RESCISSION

This directive will remain in effect until such time as it is revised or rescinded.

James R. Joseph.
Director

Attachments

DISTRIBUTION:

PEMA Bureau Directors

PEMA Area Directors

Office of the State Fire Commissioner

State Fire Academy

PEMA Chief Counsel

Pennsylvania Emergency Management Council

Pennsylvania Department of Environmental Protection (Emergency Response Teams and
Bureau of Radiation Protection)

Pennsylvania Office of Homeland Security

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Attachment 1: Official List Of Duly Enrolled State Emergency Management Volunteers,
Form PEMA-OEL-2

Attachment 2: Sample Identification Card

Attachment 1
Form PEMA-OEL-2
OFFICIAL LIST OF DULY ENROLLED STATE EMERGENCY MANAGEMENT
VOLUNTEERS

All individuals whose names are listed below have been duly enrolled as volunteer members of the _____
Program.

Enrollment Number	Name of Individual	Home Address	Date of Enrollment	Service Assignment
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I, the undersigned, do hereby certify that the above is a true and correct list of duly enrolled emergency management volunteers as of (date) _____.

Name _____ Signature _____
(Enrolling Coordinator) (Enrolling Coordinator) Page ____ of ____

Attachment 2
Sample Identification Card

Front Rear

PEMA	Signature of Identified
	NAME
	Name of Program
	ID Number or Code
	Issued by:

Name of Program Manager

Signature of Program Manager

Date of Issue

Name, Address, City, Zip Code of Identified

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