**THE FOLLOWING IS A MESSAGE FROM THE U.S. FEDERAL EMERGENCY MANAGEMENT AGENCY**

***We are reaching out because we have an immediate need for COVID-19 Vaccine volunteers to respond to the state of New Jersey.***

We are looking for individuals who have now, or previously had, medical training at the minimum level attained of a paramedic to include nurses of any type, veterinarians, pharmacists, and practitioner level providers.  We are asking for a commitment for any number of staff who will be able to support for the 30-60-day period of performance.

Currently we are asking any volunteer to commit to serving 14 consecutive days for a deployment.  Preferential selections will be made for individuals who live in the state we are looking to staff. There is currently a nationwide licensure reciprocity that is in place to mobilize credentialed and licensed professionals to work in other states following minimal requirements for registration.

The Public Readiness and Emergency Preparedness (PREP) Act has been enacted and provides liability immunity for professionals administering the vaccine. FEMA is implementing measures to cover the costs to send volunteers to sites where we need help. These costs will include:

* Roundtrip Economy Class airline [rail or bus] transportation (paid by FEMA through its centrally billed account).
* Baggage fees not to exceed $125 each way (reimbursed to you);
* Round trip transportation between your home and the airport by taxi or privately owned vehicle (POV), but please note that if you drive your POV to the airport your total reimbursement for this part of the trip (including parking at the airport) is limited to what it would have cost you to take a taxi (reimbursed to you);
* If the location you are asked to volunteer at that is 50 miles or more from both where you live and your work/regular place of business, lodging at the maximum approved government rate.
* If the location you are asked to volunteer at is 50 miles or more from both where you live **and** your work/regular place of business meals & Incidental Expenses (M&IE) at the daily flat fee at the approved government rate;
* Local transportation at the volunteer location (e.g. taxi or rental car at the compact government rate and fuel or POV) (reimbursed to you);
* Privately Owned Vehicle (POV) to and from your home (additional authorization is required to drive your POV (reimbursed to you); and
* Tolls (reimbursed to you).

Upon selection, the volunteer will complete all required documentation and set up a travel account to pay and reimburse your expenses. Once all steps are complete, you will schedule travel to your specified location. The travel time should be within 48 hours of when you call to schedule it. This will allow us to properly track when you will be arriving.

Filling out this questionnaire does not guarantee that you will be contacted. We thank you for your consideration and your selfless act to give your time to volunteer to help the nation.

**Please submit the following information to** [**fema-nrcc-vaccinecoordination@fema.dhs.gov**](mailto:fema-nrcc-vaccinecoordination@fema.dhs.gov) **if you are interesting in volunteering to administer COVID-19 vaccinations.**

I am a/an:

* Medical Doctor
* Registered nurse
* Nurse Practitioner
* Physician assistant
* Nursing student
* Medical assistant
* Pharmacy technician
* Advanced practice registered nurse
* Veterinary technician
* Midwife
* Pharmacist
* Paramedic
* Dentist
* Dental Assistant
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have the following immunization credentials:

* Completed a state certified immunization certificate training program
* Completed a state certified vaccine administration program
* Authorized by state regulations based on licensure (any state)

I am currently:

* Currently Practicing
* Retired (less than 5 years)
* Retired (5 years or more)
* Student

State you are licensed/certified to practice in: Choose an item.

I am interested in volunteering to support FEMA with their COVID vaccination mission. FEMA can follow up with me.

**Contact information:**

First Name: Last Name:

Address: Address 2:

City: State/Province: Zip:

Phone: Email address:

**Send to:**

James F. Byrne Jr

Vaccine Coordination Resource Tracker | LOG2021COVID-19

Federal Staging Area Unit Leader | Logistics Operations Division | Logistics Management Directorate

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**Federal Emergency Management Agency**  
[**fema.gov**](https://linkprotect.cudasvc.com/url?a=http%3a%2f%2fwww.fema.gov%2f&c=E,1,4LIwgd_mMin6lRFch_eQC_TjBAKPiFaE1gu2Mvd7PSP-7I99qCjwEvm9UVEa06ciYDXI0xGrmw2Cx-2fNMHSkYwst5xPKzKoTwq6aYVlV9qOCNUmK2ne&typo=1)

Vaccine Coordination Resource Tracker at [fema-nrcc-vaccinecoordination@fema.dhs.gov](mailto:fema-nrcc-vaccinecoordination@fema.dhs.gov)