

[LHD/County Health Department LETTERHEAD]

[Date]

[NAME of State Volunteer]
[Health Occupation Board's LICENSE #, if applicable]
[Preferred Business or Home Street ADDRESS]
[CITY], MD [ZIP CODE]
[E-Mail and Cell Phone/Telephone CONTACT #]

**RE: Confirmation of Your Participation as a State of Maryland Volunteer
at an H1N1 Vaccination Site**

Dear [Dr., Mr., Ms. NAME]:

On behalf of the State of Maryland and the Secretary of the Department of Health and Mental Hygiene (DHMH), I thank you for your interest in serving as a volunteer at an H1N1 vaccination site. This site will provide free vaccination services to members of the public in accordance with the State of Maryland's H1N1 influenza prevention campaign. Your participation as a volunteer with this program is vital to protecting the health of Maryland citizens. *Please note that as a State volunteer, you will not be reimbursed for your services by the State of Maryland or by the local health department.* However, you may continue to receive reimbursement from your employer.

You will be required to comply with the local health department's credentialing process. This may include verification of certain personal and professional information. You may also be provided—and asked to wear while on duty—a State Program identification badge and to report briefly on the time, place, and nature of your volunteer work at the vaccination site. Upon reporting for duty, you will also be provided with additional information concerning your assigned work and scope of duties. Unless you choose to enroll in the Maryland Professional Volunteer Corps (through which you can perform additional volunteer work), your volunteer status with the State will end following your work with the vaccination site.

Finally, this letter is intended to recognize and confirm your participation in our State volunteer program. Under Maryland law, State volunteers are provided certain liability protections.¹

To confirm your participation as a State of Maryland volunteer at the vaccination site, sign and date this letter in the space provided below. This signed letter must be returned to the Local Health Department through your vaccination site coordinator in order to provide a record of your volunteer status. Please retain a copy of the signed letter for your personal records.

¹ The following provisions apply to State volunteers: (i) the Maryland Tort Claims Act, codified at Md. Code Ann. State Gov't § 12-101 (definition of State personnel) and § 12-105; (ii) Md. Code Ann. Cts. & Jud. Proc. § 5-522(b) (qualified immunity from suit and tort liability of State personnel); and (iii) Code of Maryland Regulations (COMAR) § 25.02.01.02 (State Treasurer's regulations defining State personnel to include formally recognized volunteers of a State agency or program). These Maryland laws provide that State personnel—including formally recognized volunteers for State health care programs—who act without malice or gross negligence are personally immune from suit and liability in courts of the State for torts committed within the scope of their public duties. State personnel may request legal representation by the Maryland Office of the Attorney General in connection with a claim arising out of their service to the State.

Thank you again for your important assistance in helping to protect members of our community.

Very truly yours,

[Signature]

[Name]

[TITLE: Local Health Officer]

Signature of State Volunteer

_____, 200__
Date

Vaccination Site Location

Time and Date of Vaccination Operations

Nature of Assigned Volunteer Duties

DRM:drm\DHMH-OAG\Lgl-Frms\XCHD-Vol-Ltr (Enc.)