

servPA.gov **Tutorial**

Presented by




of Delaware County
Commonwealth of Pennsylvania




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pennsylvania PA



STATE EMERGENCY REGISTRY
OF VOLUNTEERS IN PENNSYLVANIA



Home
Register Now
Contact Us
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Links
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Operations Manual

Welcome to **SERVPA**, the Commonwealth of Pennsylvania's online registry for medical and non-medical volunteers.

For urgent issues and 24/7/365 support, please contact the Support Center at 877-771-0911.

If you would consider volunteering for emergency disaster response efforts, you've come to the right place! SERVPA is your secure, confidential volunteer registry site. Registering through SERVPA simply tells us that you are open to the idea of volunteering in case of an emergency and provides us a little about your background, preferences, and constraints. It does not guarantee that you will be called upon, nor does it mean that you must participate if called. If you are called to volunteer, you will have the opportunity to learn more about the specific event and the commitment required. You can then choose if volunteering for the specific event is right for you. During the online registration process, you will be asked to enter information regarding the best way to contact you, any active licenses or certifications, and other relevant background data. If you have already completed the registration process or wish to return to a registration which you've started but not completed, you can [log in and update your profile](#).

REGISTER NOW


Username:

Password:

[Log In](#)

[Forgot Username or Password?](#)

[Not Registered?](#)



Home Register Now Contact Us FAQ Terms of Service Privacy Policy

In your browser (Google, etc) type in "servPA.gov" and this screen should appear on your computer.
Select "Register Now" to begin to create your volunteer account.





State Emergency Registry of Volunteers in Pennsylvania

- 1 For the best experience, do not use the refresh, stop, back or forward buttons on the browser and only single-click buttons within a page.
- 2 An asterisk (*) indicates a required field. You will be alerted if the required information has not been entered.
- 3 For your security, all communications are encrypted and you will be logged out automatically if you are inactive for more than 15 minutes.
- 4 We recommend the latest version of [Microsoft Internet Explorer for Windows](#), [Mozilla Firefox for Mac or PC](#), [Apple Safari for Mac or PC](#) or [Google Chrome for Mac or PC](#) with JavaScript enabled and pop-up blocker turned off to use this site. Please see your browser's help file for more information.

Organizations

Organizations represent official groups that you have affiliation with as a SERVPA user. Click the Add Organizations link below to see a complete list of organizations and select those you want to join.

Add Organizations

* Organization(s):

Account Information

Creating an account is the first step in the SERVPA registration process. You will use your account username and password each time you log into SERVPA.

* Username:

The username must be at least six (6) characters long and cannot contain spaces.
Acceptable characters include alphanumeric (A-Z, 0-9) and the symbols @, ., -, and _.
Usernames are not case sensitive.

* Password:

* Confirm Password:

* Secret Question:

* Secret Answer:

- ✗ Password must be 8 characters or longer
- ✗ Password must contain a number
- ✗ Password must contain uppercase letter
- ✗ Confirmation password must match

[Terms of Service and Privacy Policy](#)

The first page of the website asks for you to indicate the organization with which you want to join or affiliate.



State Emergency Registry of Volunteers in Pennsylvania

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Organizations
Organizations represent official groups that you have added to your account.

Add Organizations

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Account Information
Creating an account is the first step in the SERVPA registration process.

* Username:

* Password:
Password must be 8 characters or longer
Password must contain a number
Password must contain uppercase letter
Confirmation password must match

* Confirm Password:

* Secret Question:

* Secret Answer:

Terms of Service and Privacy Policy

All Organizations

- + Disaster Crisis Outreach & Referral Teams (DCORT) Organizations
- + Disaster Medical Assistance Teams (DMAT) Organizations
 - E.N.A.C.T.
- + Emergency Management Agency Organizations
- + Emergency Medical Service (EMS) Organizations
- + Ham Radio Operators
- + Hospital Organizations
 - Keystone Crisis Intervention Team
 - Lebanon County EMA
- + Medical Reserve Corps (MRC) Organizations
- + Pennsylvania State Nursing Association Organizations
 - Pennsylvania Volunteers
- + Responder Agency Organizations
- + State Medical Assistance Teams
 - VOAD

There are a variety of organizations you could join and add to your account. Notice the + sign next to the organization description. If you click on the + sign, the list of counties that have this organization will be listed below. This occurs for each organization in the listing.



State Emergency Registry of Volunteers in Pennsylvania

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3 For your security, all communications are encrypted...

4 We recommend the latest version of [Microsoft Internet Explorer](#) browser's help file for more information.

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* Username:

* Password:

* Confirm Password:

* Secret Question:

* Secret Answer:

Terms of Service and Privacy Policy

Organization Selection

E.g PA MRC

- Keystone Crisis Intervention Team
- Lebanon County EMA
- Medical Reserve Corps (MRC) Organizations**
 - Allegheny County Health Department MRC
 - Allentown Volunteer MRC
 - Bucks County MRC
 - Chester County Medical Reserve Corps
 - City of Bethlehem MRC
 - Delaware County MRC
 - Erie Regional MRC
 - MRC Administrators
 - Montgomery County MRC**
 - Philadelphia MRC
 - South Central PA Regional MRC

Medical Reserve Corps (MRC) Organizations

Photo

Email:
kheart@pa.gov

Phone Number:
717-736-7294

Description:
MRC strives to improve the health and safety of communities across the country by organizing and utilizing public health, medical and other volunteers who want to donate their time and...

Cancel Select

Here is what the list looks like when expanded. There is a box to check once you find county to which you want to affiliate and then select join.





State Emergency Registry of Volunteers in Pennsylvania

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* Username:

The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A-Z, 0-9) and the symbols @, -, and _ . Usernames are not case sensitive.

* Password:

* Confirm Password:

- ✔ Password is 8 characters or longer
- ✔ Password contains a number
- ✔ Password contains uppercase letter
- ✔ Confirmation password matches

* Secret Question:

* Secret Answer:

Terms of Service and Privacy Policy

Next, add a username and password and secret question. If the password and its confirmation does not match, the screen will not move forward.

Do not forget to **WRITE DOWN YOUR USERNAME AND PASSWORD!!**



Terms of Service and Privacy Policy

- * Terms of Service: By checking this box, I indicate that I agree to the [Terms of Service](#) and have read and understand the [Privacy Policy](#) for this site. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet to processing and storage facilities supporting this system. I also agree to receive required administrative and legal notices such as this electronically.

- * Information Pledge: By checking this box, I pledge to provide only correct information when completing this registration process. I also give consent to SERVPA and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.

- * Certification: I certify that all of the statements made by me are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. I understand that this certification is subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities. I am aware that all statements made by me on this document are subject to investigation.

- * Authorization: I do hereby authorize the Commonwealth of Pennsylvania to research and copy records including, but not limited to, educational, professional, judicial; armed services; Federal, state and local law enforcement; motor vehicle and driving safety; and any other documents, data, and information that may be necessary and practical in order to conduct an investigation; and to contact past and present employers as well as professional references for information. I also authorize the release of the above mentioned records to the Commonwealth of Pennsylvania. My consent, however, is conditioned upon the understanding that all records, data, and information obtained by the Commonwealth shall be used only for the purposes of determining my fitness for the volunteer position(s) to which I am assigned.

Name and Address

Prefix:

Example: Dr. Col. Mr. Mrs. Ms.

Check the boxes for all of the Terms of Service and Privacy.



professional references for information. I also authorize the release of the above mentioned records to the Commonwealth of Pennsylvania. My consent, however, is conditioned upon the understanding that all records, data, and information obtained by the Commonwealth shall be used only for the purposes of determining my fitness for the volunteer position(s) to which I am assigned.

Name and Address

Prefix:
Example: Dr., Col., Mr., Mrs., Ms.

* First Name:

Middle Name:

* Last Name:

Suffix:
Example: Jr., Sr., MD., PhD, RN

* Address Line 1:

Address Line 2:

* City:

* State:

* County:

* Zip Code:

Work State:

Identifying Information

Contact Information

Primary Email Address

Now enter your contact information.



Contact Information

Primary Email Address

* Email Address:

If you have an email account, it is important for you to provide this information. Without your email address, you may miss important messages and notifications. Please note that the system will not allow two accounts with the same email address. If you do not have an email address or your email address is already registered with the system, you can learn more about obtaining a free email address by [clicking here](#).

* Confirm Email Address:

Contact Method 1

* Contact Method 1:

* Number to Attempt: x

Occupation Information

* What is your occupation type?

* Occupation:

If your occupation does not appear in the list, please select Other.

* What is your current professional status for this occupation?

Criminal Offense

* Have you ever been arrested or convicted of any criminal offense? Yes No
(Traffic or citation only offenses are not required to be reported.)

Registration Feedback

How did you hear about the site?

If Other, please specify in the comments.

Comments:

Contact Method 1

* Contact Method 1:

* Number to Attempt 1:

Emergency Contact

The individuals to contact in the event of a personal emergency

Please **choose SMS/Text Msg** to receive alerts and notifications on your cell phone instead of Mobile Phone where you would receive a call.

Continue with contact info, occupation, and criminal offense question.



The screenshot displays the 'State Emergency Registry of Volunteers in Pennsylvania' website. At the top, there is a navigation bar with 'Home', 'My Profile', 'Missions', 'Messages', 'Organizations', and 'Documents'. A central alert box titled 'Attention Required' contains the following text:

Alert 1 of 1

Congratulations, you are now registered for SERVPA.

Your initial registration for SERVPA is now complete. However, additional information is needed in order to make you eligible for potential deployments. Please take the time to fill out all of the sections listed in your [Profile Summary](#).

This message will appear each time you return to the Home page until all sections are completed.

If you would like to set your primary Organization, please click [here](#).

On the left side of the page, under 'Your profile is:', there is a progress bar showing '15 % Complete'.

On the right side, there is a 'Did you know?' section with 'Help Resources' and a list of instructions:

- Search for your question in online help. Just click **Help** in the upper right corner of the page.
- Send a message to your administrator. Just use the **Contact Us** link at the bottom of the page.

The system congratulates you on creating your account, BUT you have not completed the required 90% of your profile for you to be approved to join the organizations you selected. Note the profile % on the left side of the screen. DO NOT log out as there is more information to enter.



 State Emergency Registry of Volunteers in Pennsylvania


Volunteer Delco | [Log Out](#)

[Contact Us](#)

- Home
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- Missions
- Messages
- Organizations
- Documents

Home



Your profile is:
 15 % Complete

Administrative...
Account Status: **Active**
[Edit Account Status](#)

Organizations:

Last Logged In:
4/20/2020

Updates

You don't have any updates.

Recent Messages


You don't have any messages.

Did you know?

Help Resources

You can get help with SERVPA! Try one of the following:

- Search for your question in online help. Just click **Help** in the upper right corner of the page.
- Send a message to your administrator. Just use the **Contact Us** link at the bottom of the page.



Click on the "My Profile" tab and notice the sections of your account that are not complete.



 State Emergency Registry of Volunteers in PennsylvaniaVolunteer Delco | [Log Out](#)[Contact Us](#)[Home](#) **[My Profile](#)** [Missions](#) [Messages](#) [Organizations](#) [Documents](#)[Summary](#) [Identity](#) [Deployment Prefs](#) [Contact](#) [Occupations](#) [Training](#) [Skills & Certifications](#) [Medical History](#) [Background Check](#) [Settings](#)**Summary** 15 % Complete

In order to make you eligible for potential deployments, all profile information must be complete. Please take the time to fill out each section below.

- ✘ [Identity](#) (incomplete - required fields missing)
Your name, current address, physical characteristics, and ability to operate a licensed motor vehicle.
- ✘ [Deployment Preferences](#) (incomplete - required fields missing)
Your availability for deployments, activity preferences for deployments, and existing emergency response commitments.
- ✔ [Contact](#) (complete)
Your contact information and emergency contacts for use during a deployment.
- ✘ [Occupations](#) (incomplete - must complete occupations)
Your professional experience.
 - ⚠ [Administrative Assistant](#) (needs attention - page not visited)
Credentials are the formal qualifications you possess and are verified by the system.
- ✘ [Training](#) (incomplete - page not visited)
Your completed training courses.
- ✘ [Skills and Certifications](#) (incomplete - page not visited)
Your expertise to be considered for deployment eligibility and prior deployment history.
- ✘ [Medical History](#) (incomplete - page not visited)
Your health conditions that may affect deployment eligibility and your vaccination history.
- ✔ [Background Check](#) (complete)
Your background check may affect deployment eligibility.

Select each section that is incomplete and finish it.



Identity

volunteer Delco | Log Out

Contact Us

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Summary Identity Deployment Prefs Contact Occupations Training Skills & Certifications Medical History Background Check Settings

Identity

[Edit Information](#)

Name and Address

Prefix:
First Name: Volunteer
Middle Name:
Last Name: Delco
Suffix:
Address Line 1: 123 Main St.
Address Line 2:
City: Middletown
State: Pennsylvania
County: Delaware
Zip Code: 19063
Work State: Pennsylvania

Identifying Information

No information provided.

Driver's License or State-Issued Identification Card Information

No information provided.

Driver's License Endorsements

Select "edit information" and add the info into the sub-sections that have not been edited.



Identity

Work State:

Identifying Information

* Date of Birth:

* Last four digits of Social Security Number:
SSN is used to verify certain licensure information and for identification purposes.

* Gender:

* Height: -
Height may be used in determining the sizes and the types of personal protection equipment.

* Weight: lbs.
Weight may be used in determining maximum loads for air transportation or for fitting of personal protection equipment.

Driver's License or State-Issued Identification Card Information

Enter information exactly as it appears on the driver's license or state-issued identification card.

* First Name on Card:

Middle Name on Card:

* Last Name on Card:

Suffix on Card:

* Driver's License/ID Card Number:

* Expiration Date:

* Issuing State:

Driver's License Endorsements

Indicate all driver's license endorsements for operating motorized vehicles.

Middle Name on Card:

* Last Name on Card:

Suffix on Card:

* Driver's License/ID Card Number:

* Expiration Date:

* Issuing State:

Driver's License Endorsements

Indicate all driver's license endorsements for operating motorized vehicles.

Licensed to operate:

- a passenger vehicle
- a motorcycle
- a single commercial motor vehicle over 26,000 lbs
- a combination commercial motor vehicle over 26,000 lbs
- other commercial vehicles and buses

Are you certified to transport hazardous materials? Yes No

Criminal Offense

* Have you ever been arrested or convicted of any criminal offense? Yes No
(Traffic or citation only offenses are not required to be reported.)

Training Provider Information

If you have the responder has an account through the PAPPrepared.net online Learning Management System, please enter it below. If you

PAPPrepared.net Username:

Continue to enter the information asked for. (Two screens are shown here.)



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Deployment Prefs

Willingness and Availability

Deployment preferences are used to help match responders to potential emergency deployments.

- * Where are you willing to travel for deployment?
- Local
 - In-State
 - Out-Of-State

Check all that apply.

- * How many days are you willing to be deployed? Up to 3 days

- * In the event of a declared national emergency, would you consider volunteering to work under the authority of the Federal Government?
- Yes
 - No
- Selecting yes may result in your information being provided to the Federal Government upon its request.

Prior Emergency Response Commitments

Please indicate any existing commitments to other emergency response agencies and organizations which may limit your ability to volunteer your services during a potential deployment.

- * Do you have any other commitments that might pose a conflict in the event of an emergency?
- Yes
 - No
- Selecting yes allows you to select from a list of organizations which you might have a commitment to during an emergency.

Cancel Save Changes

Indicate your preferences for deployment.



Occupations

Medical Personnel Screen#1



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Edit Registered Nurse

Professional Status

Please select the status for your occupation. If you selected a medical occupation and are currently in residency please select student. In all other cases please select the appropriate status.

* What is your current professional status for this occupation:

Professional License

Enter the number listed on your license exactly as it appears on your license. If you have additional licenses for different occupations, please add a new occupation to your profile and enter the license number there.

Is the name on this license the same as the name you provided in your personal information: Yes No

License Number:

Professional License number, exactly as it appears on the license.

* Issuing State or Jurisdiction:

State or jurisdiction in which this license was issued.

Expiration Date:

Is your license in good standing: Yes No

Is your license free of adverse actions and restrictions: Yes No

[Add Another](#)

ABNS

If you are licensed, e.g. nurse, physician, etc., click on the occupation you have entered, to move to a screen where you can enter your license information. Be sure to answer the question about your name on the license; if it is different than the name on your ServPA account, please answer NO and enter the name as it is on your license. Fill in all the information about your license so it can be verified. You will not be deployed if your license cannot be verified.



Occupations

Medical Personnel Screen#2

ABNS

If you possess a specialty from a licensing board, provide the relevant information. You can add additional specialties by clicking the Add Another button.

Certified Specialty:

Issue Date:

Expiration Date:

Add Another

Hospital Affiliation

Are you affiliated with a hospital: Yes No

Place of Practice

If you are still employed as either a student or an intern, full time, or volunteer, please provide your most recent work experience. You can add additional work experiences by clicking the Add Additional Practice button.

* Your place of practice is:

Are you a private practitioner: Yes No

* Name of Clinic:

Clinic Description:

Describe the type of health services offered at the facility.

* City:

* State:

* Zip Code:

Describe your area of practice at the facility:

Keep going!



Occupations

Medical Personnel Screen#3

Clinical Experience

If you have clinical experience, indicate it below. You can add additional clinical experience by clicking the Add Additional Experience button.

Supervisor Name:
Name of your clinical supervisor.

Organization Name:
Name of the organization at which you gained this clinical experience.

Organization City:

Organization State:

Clinical Setting:

Start Date:

End Date:

Add Another

Specialty Experience

If you have gained a specialty through working experience, indicate it below. You can add additional specialty experience by clicking the Add Additional Experience button.

Describe your area of specialty:

Years of specialty experience:

Add Another

Degree

Provide information on your professional education, and degree earned. List the most relevant degree first. You can add additional degrees by clicking the Add Additional Degree button.

Degree Type:

Institution Name:
Name of the institution that conferred your

The Occupations Section wants to see (3) jobs – no more – no less. If you have only worked at one place for 35 years, then put different positions with that one employer OR put any kind of placeholder to indicate (3) positions.



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Summary Identity Deployment Prefs Contact Occupations **Training** Skills & Certifications Medical History Background Check Settings

Training

+ Add Training Course

Completed Training Courses

The following is a list of training courses you have completed through PAPrepared.net or SERVPA

Course Name	Course Type	Course Date	Course ID	Location	Verification Status	Delete
0-0 of 0						

Add Training

Training Course

* Training Course:

Select

- Critical Incident Stress Management - Advanced
- Critical Incident Stress Management - Basic
- DCORT Training
- Decision Making and Problem Solving
- Developing and Managing Volunteers
- Developing A Radiation Monitoring Capability within PA MRC Units
- Effective Communication
- First Aid for Dogs and Cats
- Guides to Points of Distribution
- Hazmat Awareness Training
- Household Hazardous Materials--A Guide for Citizens
- ICS 100: ICS Orientation**
- ICS 200: Basic Incident Command System
- ICS 300: Intermediate ICS for Expanding Incidents
- ICS 400: Advanced ICS for Command and General Staff
- ICS 700: National Incident Management System (NIMS), An Introduction
- ICS 800B: National Response Framework (NRF), An Introduction
- Initial Damage Assessment Workshop
- IS-100 Certificate
- IS-111.a: Livestock in Disasters
- IS-22 Are You Ready? An In-Depth Guide to Citizen Preparedness

Institution:

Training Course Date:

Expiration Date:

Upload Certificate:

Cancel Save Changes

Add any training that you have had at any time.



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Summary Identity Deployment Prefs Contact Occupations **Training** Skills & Certifications Medical History Background Check Settings

Add Training

Training Course

* Training Course:

Institution:

Training Course Date:

Expiration Date:

Check this box if your training course has no expiration date

Upload Certificate: No file chosen

This section needs to be completed and there are many items from which you and choose and you only need one to complete this section.



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[Summary](#) [Identity](#) [Deployment Prefs](#) [Contact](#) [Occupations](#) [Training](#) [Skills & Certifications](#) [Medical History](#) [Background Check](#) [Settings](#)

Skills & Certifications

[Edit Information](#)

Success

Your profile has been updated.



Healthcare Skills and Certifications

First Aid

Other Relevant Skills and Certifications

Clerical Work

Languages

No Information Provided.

Prior Deployment Experience

No Information Provided.

► [History of Changes](#)

These sections need to be accessed but if you do not have anything to add, the fact that you accessed the section is enough to continue through the other sections.



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[Summary](#) [Identity](#) [Deployment Prefs](#) [Contact](#) [Occupations](#) [Training](#) [Skills & Certifications](#) **[Medical History](#)** [Background Check](#) [Settings](#)

Medical History

[Edit Information](#)

Success

Your profile has been updated.

Medical Preparedness

Able to participate in a field deployment? **Yes**

Allergies

Allergies? **No**

Psychological Training

Have received training on the psychological impact of emergency response? **No**

Hepatitis B

No information provided.

Tetanus / Diphtheria (Td)

No information provided.

These sections need to be accessed but if you do not have anything to add, the fact that you accessed the section is enough to continue through the other sections.



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Summary Identity Deployment Prefs Contact Occupations Training Skills & Certifications Medical History Background Check Settings

Summary

100 % Complete

- ✔ [Identity \(complete\)](#)
Your name, current address, physical characteristics, and ability to operate a licensed motor vehicle.
- ✔ [Deployment Preferences \(complete\)](#)
Your availability for deployments, activity preferences for deployments, and existing emergency response commitments.
- ✔ [Contact \(complete\)](#)
Your contact information and emergency contacts for use during a deployment.
- ✔ [Occupations \(complete\)](#)
Your professional experience.
 - ✔ [Administrative Assistant \(complete\)](#)
Credentials are the formal qualifications you possess and are verified by the system.
 - ✔ [Accountant \(complete\)](#)
Credentials are the formal qualifications you possess and are verified by the system.
 - ✔ [Clerk, Bookkeeping, Accounting, or Auditing \(complete\)](#)
Credentials are the formal qualifications you possess and are verified by the system.
- ✔ [Training \(complete\)](#)
Your completed training courses.
- ✔ [Skills and Certifications \(complete\)](#)
Your expertise to be considered for deployment eligibility and prior deployment history.
- ✔ [Medical History \(complete\)](#)
Your health conditions that may affect deployment eligibility and your vaccination history.
- ✔ [Background Check \(complete\)](#)
Your background check may affect deployment eligibility.

Once you have finished each section, your screen should look like this and notice the percentage of completion in the orange rectangle at the top left side of the screen. You need to be 90% completed.



 State Emergency Registry of Volunteers in Pennsylvania

Volunteer Delco | Log Out

Contact Us

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Summary Identity Deployment Prefs Contact Occupations Training Skills & Certifications Medical History Background Check **Settings**

Settings

Account Status

* Do you want your account to be active or inactive:

Active ▾

Active - Your account information will be available to authorized system administrators. You will be eligible to be contacted for emergency deployments and receive notifications related to potential emergency activations and deployments.

Inactive - Your account information will be available to authorized system administrators, however, you will NOT be considered for or contacted about potential emergency activations and deployments. You may receive non-emergency notifications related to the status of your account.

Change

Your Photo

 Your current photo.

Current Photo:



* Update Photo:

Toggle Webcam View

Add your picture under "My Profile"/settings. Make sure that this picture is clear, current and could be used as a passport worthy picture. This is important and is used as part of your identification.



Thank you for taking the time to complete your account on servPA. This is the official database for all volunteers in Pennsylvania and your id should be sufficient for any county in the Commonwealth as long as you have joined your preferred county's organization. If you volunteer for more than one county, then you must join one of their organizations that they have indicated to you.

Citizen Corps of Delaware County

