

## MyPI Volunteer Instructor - Statement of Expectations -

All Instructors willingly agree to the following expectation statements as set forth by the MyPI Oklahoma Program Manager and the MyPI National Coordination Team (NCT).

"As a valued member of the MyPI team...."

- "...I understand this is a volunteer opportunity but will commit to at least one program delivery."
- "...I will successfully complete the MyPI/CERT Instructor Certification and Training Workshop and professional background check."
- "...I will actively prepare for the facilitation of each class and will fully engage in the preparedness lessons each week."
- "...I will deliver the CERT curriculum accurately and help develop Emergency supply kits and Emergency communication plans."
- "...I will commit to communicating with families of participants as needed."
- "...I will act as a liaison with guest speakers and local response agencies."
- $\hbox{``...} I will encourage and motivate participants and serve in a mentoring role throughout the program."$
- "...I will be an advocate for MyPI and a positive, supportive influence on the participants."
- "...I will promote and market the program in an effort to recruit future participants and instructors."
- "...I will foster positive relationships with host facility representatives."
- "...I will maintain records and develop progress reports for submission to the MyPI Oklahoma Program Manager and MyPI National NCT."
- "...I will continuously evaluate participant progress and focus on gaps in learning and service projects."
- "...I will always stress the importance of all functions of emergency management, particularly preparation and recovery."
- "...I will maintain the integrity of the MyPI program and its coordinating agencies at all times."
- "...I understand that if I do not complete the requirements of MyPI, I, nor my students, are entitled to the MyPI resources supplied for delivery and I (or my school district, community agency, etc.) will be held financially responsible for what is not returned to the program."

Name:	Date:
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