

APPENDIX A – REQUEST FOR CHANGES FORM

Use this form to suggest any changes, edits, deletions, or additions to the MDRMRC Volunteer Management Guide. Please submit one form per change requested. Completed form may be emailed to mdresponds.health@maryland.gov.

Date: _____

Name: _____

Title: _____

Agency: _____

Phone: _____

Email: _____

Title of Chapter:
(e.g., Recruitment) _____

Chapter Subheading:
(e.g., Recruitment Message) _____

Page Number(s): _____

Current Wording/ Concept: _____

Proposed Wording/ Concept: _____

Additional Comments/ Feedback: _____

FOR OP&R USE ONLY:

Date Received: _____ Received By: _____

Date Reviewed: _____ Reviewed By: _____

Approved: Y / N _____ Approved By: _____