Membership Form

## I would like to submit the name of my agency to be considered as a member of the Jefferson-Shelby VOAD.

**ORGANIZATION:** STREET ADDRESS: CITY, STATE, ZIP: E-MAIL:

## PHONE:

 **REPRESENTATIVE (Contact Person):**

TITLE: E-MAIL:

PHONE (Home, work, other):

**ALTERNATE REPRESENTATIVE:** TITLE:

## AIL:

PHONE (Home, work, other):

MEMBERSHIP TYPE:

# Member (1 vote per agency)

* + - * Organizations with voluntary membership and government agencies with disaster planning and operations responsibilities or capabilities; and
			* Organizations that have a disaster response program and policies for commitment of resources to meet the needs of people affected by disaster without discrimination.

# Partner (non-voting member)

* + - * Organizations that do not meet the above criteria for Voting membership in CCVOAD, but that nevertheless have a disaster response program and policies for commitment of resources to meet the needs of the people affected by disaster without discrimination.

## Is your agency/organization a 501(C)(3) status? **□** Yes **□**No

**Disaster Relief Services**

# Disaster Services Available:

**24 Hour Emergency Phone: Response Time:**

**How do you activate your volunteers**?

**How are your volunteers trained for disaster work?**

**Are your volunteers required to wear a picture ID or another type of identification?**

**What other types of services do you provide?**