



Virginia VOAD

Application for Membership

ORGANIZATION NAME: _____

hereby expresses its commitment to the **Virginia VOAD** and is in accord with its purposes and plan of organization. As a VOAD member, we will seek to coordinate our resources with Member and Partner VOAD organizations in planning for and responding to disasters.

Authorized Representative (sign, print, and date on line above)

Date

(Please Print)

Organization Address: _____

Telephone(s): _____ **Fax:** _____

Organization's Web Address: _____

The following contacts will be published in the VA VOAD Directory and shared with VA Dept of Emergency Management

Primary Contact: NAME/ADDRESS: _____

Telephone - Day: _____ **Night:** _____ **Fax:** _____

Cell Phone: _____ **E-mail/s:** _____

Secondary Contact: NAME/ADDRESS: _____

Telephone - Day: _____ **Night:** _____ **Fax:** _____

Cell Phone: _____ **E-mail/s:** _____

Third Contact: NAME/ADDRESS: _____

Telephone - Day: _____ **Night:** _____ **Fax:** _____

Cell Phone: _____ **E-mail/s:** _____

What geographic area is covered by your organization? _____

Please provide or attach your organizations mission statement

Use reserve side if needed

Disaster Assistance Resource Matrix

Please select all areas that reflect the focus of your services and any not listed.

Please indicate the quantities available in starred categories under Services Provided, pg 3

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| <p><input type="checkbox"/> Animal Welfare</p> <p><input type="checkbox"/> Building Repair/Rebuild</p> <p><input type="checkbox"/> Case Management*</p> <p><input type="checkbox"/> Chainsaw Crews*</p> <p><input type="checkbox"/> Child care *</p> <p><input type="checkbox"/> Cleanup Crews*</p> <p><input type="checkbox"/> Cleanup Kits*</p> <p><input type="checkbox"/> Clothing</p> <p><input type="checkbox"/> Communication (please specify)</p> <p><input type="checkbox"/> Counseling/Licensed</p> <p><input type="checkbox"/> Crisis Intervention</p> <p><input type="checkbox"/> Damage Assessment</p> <p><input type="checkbox"/> Debris Removal Crews*</p> <p><input type="checkbox"/> Donations Management</p> <p><input type="checkbox"/> Emergency Response Teams (please specify)</p> <p><input type="checkbox"/> Emotional & Spiritual Care</p> <p><input type="checkbox"/> Environmental CleanUp/Mold Abatement</p> <p><input type="checkbox"/> Feeding*</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mobile Kitchens*</p> <p style="padding-left: 20px;"><input type="checkbox"/> Food Products/Commodities*</p> <p><input type="checkbox"/> Financial Assistance</p> <p><input type="checkbox"/> Financial Counseling</p> <p><input type="checkbox"/> Generators*</p> <p><input type="checkbox"/> Health Services/Licensed</p> <p><input type="checkbox"/> Health Services/Non-licensed</p> <p><input type="checkbox"/> Hospice Care</p> <p><input type="checkbox"/> Information & Referral</p> | <p><input type="checkbox"/> In-Kind Donations/Bulk (please specify)</p> <p><input type="checkbox"/> Mental Health Services/Licensed</p> <p><input type="checkbox"/> Mitigation</p> <p><input type="checkbox"/> Mudout</p> <p><input type="checkbox"/> Multi-Lingual Services</p> <p><input type="checkbox"/> Needs Assessment</p> <p><input type="checkbox"/> Portable Showers*</p> <p><input type="checkbox"/> Portable Washer/Dryers*</p> <p><input type="checkbox"/> Preparedness Education</p> <p><input type="checkbox"/> Repair/Rebuild</p> <p><input type="checkbox"/> Shelter Management</p> <p><input type="checkbox"/> Shelters*</p> <p><input type="checkbox"/> Special Populations Services</p> <p style="padding-left: 20px;"><input type="checkbox"/> Disabled Transportation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Sign Language</p> <p style="padding-left: 20px;"><input type="checkbox"/> Functional Disabilities (please specify)</p> <p><input type="checkbox"/> Spontaneous Volunteer Management</p> <p><input type="checkbox"/> Support Groups</p> <p><input type="checkbox"/> Tool Trailers*</p> <p><input type="checkbox"/> Transportation/People</p> <p><input type="checkbox"/> Transportation/Goods</p> <p><input type="checkbox"/> Volunteers*</p> <p><input type="checkbox"/> Volunteer Housing</p> <p><input type="checkbox"/> Warehouse Management</p> <p><input type="checkbox"/> Water Purification*</p> |
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OTHER: _____

If your organization does not have a specific mission to assist disaster victims but you want to help, what resources (volunteers, supplies, etc.) could you provide? Indicate below.

Services Provided *(please be as specific as possible in describing the services you can provide. For example, Transportation represents a wide variety of capabilities, “transporting individuals to local appointment or activities” gives a much more accurate picture of the capability).*

Primary: *(can serve as a lead agency for these services)*

Secondary: *(can provide some capability to do these services)*

Tertiary: *(could provide untrained volunteers to help with these services)*

Special Capabilities *(be as specific as possible in describing special equipment in terms of capabilities they represent. For example “mass feeding trailer capable of supporting 50 persons”).*

Resources are available: ___Statewide ___Regional (define area)

How quickly can you mobilize these resources and personnel?