



Application for Partnership

Government agencies, educational institutions, foundations, businesses, and private corporations are eligible for non-voting membership with no annual fee.

ORGANIZATION NAME: _____

Hereby expresses its commitment to the Idaho 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: _____ Cell: _____ Fax: _____

Organization's Web address: _____

The following contacts will be shared in the WebEOC ID VOAD Directory

Primary Contact: NAME/ADDRESS _____

Telephone – Day: _____ Night: _____ Fax: _____

Cell Phone: _____ EMAIL: _____

Secondary Contact: NAME/ADDRESS: _____

Telephone – Day: _____ Night: _____ Fax: _____

Cell Phone: _____ EMAIL: _____

Third Contact: NAME/ADDRESS: _____

Telephone – Day: _____ Night: _____ Fax: _____

Cell Phone: _____ EMAIL: _____

What geographic area is covered by your organization? _____

Please provide or attach your organization's mission statement: _____

Idaho VOAD Partnership Agreement

_____, hereinafter referred to as “We”, would like to work cooperatively with the Idaho Voluntary Organizations Active in Disaster (IDAVOAD).

1. We accept the purpose and program of IDAVOAD as set out in IDAVOAD By-Laws and subscribe to the same principals for our organization.
2. We recognize the National Incident Management System (NIMS) may be included in response, which includes:
 - Adoption of the basic tenets of the Incident Command System (ICS):
 - Agree to concept of multi-organization coordination for emergency management,
 - Recognize and participate in Public Information process.
 - Preparedness including:
 - Planning, training, and exercising;
 - Personal qualification and certification;
 - Equipment acquisition and certification (as applicable)
 - Mutual Aid Agreements
3. We have a mission and/or by-laws that support a statewide scope and purpose, have a purpose in disaster preparedness, response, relief, recovery and mitigation, and have a stated policy of commitment of resources to meet the needs of people affected by disaster without discrimination.
4. We understand that we will maintain the partnership without vote. Any number of representatives may attend regular and annual meetings. Partners may be appointed to committees and hold office in the committees, excluding the Executive Committee.
5. We accept our responsibility to maintain and provide IDAVOAD with a copy of our 24-hour contact information with this application and annually as requested thereafter. We agree to keep IDAVOAD advised of changes.
6. IDAVOAD agrees to act as catalyst to ensure appropriate operational responses in all phases (preparedness, response, recovery, mitigation) while being diligent in not assuming an operational role itself.
7. This application is submitted effective _____. **It will expire annually on December 31** at which time a renewal application should be submitted.

On behalf of Idaho VOAD

On behalf of Partner Organization

Print Name, Title and Date

Print Name, Title and Date

Disaster Assistance Resource Matrix

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

P= Primary S= Secondary E= Emergency

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

Disaster Assistance Resource Matrix (cont.)

OTHER: (Please Specify) _____

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:
