



Idaho
 Voluntary Organizations
 Active in Disaster

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

Date Paid: _____
Amount: _____
Date Expires: _____

Application for Membership

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: _____

Membership Agreement

By and between the Idaho Voluntary Organizations Active in Disaster (IDVOAD) and

_____, an Idaho voluntary

Agency and Idaho VOAD Member Organization. _____

would like to work cooperatively with the Idaho VOAD as a Member, and as such agree to the following:

1. Accept and support the purpose and functions of the Idaho VOAD and subscribe to its principles of communication, coordination, collaboration and cooperation;
2. Maintain compliance with the membership criteria and guidelines as defined in the Idaho VOAD By-Laws;
3. Be represented at all of the regular business meetings each year by a representative that is authorized to act on behalf of our organization;
4. Adhere to the values, ethics and Points of Consensus of the National VOAD;
5. Work within the framework of the Idaho VOAD Disaster Response Protocols including the National Incident Management System (NIMS) and the Incident Command System (ICS) if implemented.
6. Execute membership documents in a timely manner, including:
 - a. Up-to-date information on changes in the organization's authorized representatives, contact information and disaster services;
 - b. Annual organizational updates as required by the membership renewal process;
7. Comply with the "National VOAD Branding Standards, Policies and Procedures"; and
8. Pay the annual dues in a timely manner.

We understand that in order to maintain our status as a Member in Good Standing, we must maintain compliance with all the above responsibilities. **This membership Agreement is valid for one (1) year and will be renewed annually on or before December 31.**

On behalf of Idaho VOAD

On behalf of Member 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"/> Mudout |
| <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:
