



Collin County VOAD Membership Form



I would like to submit the name of my agency to be considered as a member of Collin County VOAD.

ORGANIZATION: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: _____

REPRESENTATIVE (Contact Person): _____

TITLE: _____

E-MAIL: _____

PHONE (Home, work, other): _____

ALTERNATE REPRESENTATIVE: _____

TITLE: _____

E-MAIL: _____

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? _____
