



Application for Membership

ORGANIZATION INFORMATION

Name of Organization:					
Street Address:					
City:		State:		Zip:	
Phone Number:		Fax Number:			
General E-Mail Address:					

AUTHORIZED MEMBER ORGANIZATIONAL REPRESENTATIVE (*PRIMARY CONTACT*)

Name of Primary Contact:				
Phone Number:		Pager Number:		
Cell Number:		Cell Provider:		
E-Mail Address:				

ALERNATE AUTHORIZED MEMBER ORGANIZATIONAL REPRESENTATIVE (*SECONDARY CONTACT*)

Name of Primary Contact:			
Phone Number:		Pager Number:	
Cell Number:		Cell Provider:	
E-Mail Address:			

ORGANIZATION INFORMATION

What resources can your organization provide to the County VOAD in times of emergencies/disasters?
(Mark all that apply)

<input type="checkbox"/> Food	<input type="checkbox"/> Clothing	<input type="checkbox"/> Volunteer Personnel	<input type="checkbox"/> Elderly/Child Care
<input type="checkbox"/> Mass Feeding	<input type="checkbox"/> Counseling	<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Search & Rescue
<input type="checkbox"/> Shelter	<input type="checkbox"/> Transportation	<input type="checkbox"/> Communications	<input type="checkbox"/> Other



Cooperative Agreement

_____ is in agreement to be a voluntary participant within the Allegheny County Voluntary Organizations Active in Disaster (AC-VOAD) organization.

We have been provided with a copy of the AC-VOAD bylaws and are in agreement with them.

During the scope of a disaster, _____ will provide the resources that are identified in the AC-VOAD Application. This is in accordance to our "normal business function" and does not conflict with our mission statement.

We are aware that our involvement in this organization is strictly voluntary and at any point we can remove ourselves from the AC-VOAD. by providing a written request of removal to the President.

Signature: _____

Printed: _____

Title: _____

Date: _____

To submit, please use the button to the right or scan and e-mail to Robert.Gerlach@AlleghenyCounty.US with the subject "AC-VOAD Application."