



MEMBERSHIP APPLICATION

The Riverside County Voluntary Organizations Active in Disaster (VOAD) is an all-hazard preparedness and response organization. By applying, the applicant understands that their organization may be called upon to serve as a representative of VOAD when a disaster occurs. Please check the boxes below indicating your understanding.

- I understand that my organization may be called upon to provide support when VOAD is activated in a disaster and I agree to be available, to the best of my organization's ability, for such a response.
- I understand that certain training requirements exist to act as a VOAD representative, and I agree to complete necessary training:
Incident Command System ICS-100, ICS-700, Standardized Emergency Management System (SEMS) and IS-288
- I understand that attendance by a member of my organization is expected at a minimum of 50 percent of VOAD general meetings.

MEMBERSHIP TYPES:

- Full membership (non-profit organizations)
- Affiliate membership (government entities and for-profit businesses)

ORGANIZATION INFORMATION

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Public Phone: _____ 24 Hour Phone: _____

Organization Type: _____

Is your organization listed in the 211 database? Yes _____ No _____

Do you have a spontaneous volunteer program? Yes _____ No _____

Are your organization's volunteers background checked? Yes _____ No _____

PRIMARY CONTACT

Name: _____

Position Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Public Phone: _____ 24 Hour Phone: _____

Fax: _____ E-Mail: _____

SECONDARY CONTACT

Name: _____

Position Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Public Phone: _____ 24 Hour Phone: _____

Fax: _____ E-Mail: _____

SPECIFIC DISASTER ACTIVITIES

PLEASE CIRCLE THE BOXES THAT BEST DESCRIBE THE SERVICES YOUR ORGANIZATION CAN PROVIDE

Prevention	Preparedness	Response	Recovery	Mitigation
Liability/Loss Evaluation	CERT Training	Access and Functional Needs Specialists	Case Work	Disaster Planning Resources
Neighborhood Mapping	Disaster Kits	Animal Services	Debris Removal	Grant Writing
Protective Measures	Disaster Insurance	Emergency Communications	Commodity Replacement	
Retrofitting Services	Preparedness Information/Brochures	Emergency Medical Care	Rentals	
Volunteers	Preparedness Training	Pharmacy Services	Disaster Claims Support	
		Temporary Evacuation Point	Donation Management	
		Evacuation Transportation	Disaster Loans	
		Food Services	Hotlines	
		Mental Health Care	Grant Programs	
		Spiritual Care	Housing Assistance	
		Decedent Management	Missing Persons Resources	
		Shelter Sites	Mortuary Services	
		Shelter Services/Staffing	Property Inspection	
		Volunteer Management	Rebuilding	
		Transportation Services	Volunteer Management	
Search/Rescue	Transportation			
Volunteers	Volunteers			

Other: _____

RESPONSE TIME WHEN ACTIVATED

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE CLARIFYING INFORMATION

1-3 HOURS	Comments:
4-6 HOURS	Comments:
6-12 HOURS	Comments:
24+ HOURS	Comments:

PLEASE SUBMIT YOUR COMPLETED APPLICATION AND DUES TO:

Riverside County Voluntary Organizations Active in Disaster
C/O County of Riverside Emergency Management Department, Emergency Services Division
450 E. Alessandro Boulevard
Riverside, CA 92508

Annual membership dues are \$25.00 (dues are renewable each January).

Checks for membership dues should be made payable to:

Community Access Center
C/O Riverside County VOAD

Questions regarding your application may be directed to:

Carol Crouch, Riverside County VOAD Chair
(951) 227-2145 (cell)
RivCoVOADChair@gmail.com

For additional information about Riverside County VOAD, please visit:
<http://www.riversidecountyvoad.org/>

01/26/2020