



**Delaware
Voluntary Organizations
Active in Disaster**

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

Membership Application

Organization: _____

VOAD Rep:

Name: _____

Phone: _____

Alt Phone: _____

EmailAddress: _____

Web Page: _____

Alternate VOAD Rep:

Name: _____

Phone: _____

Email: _____

Organization's scope of Disaster Work in Response and/or Recovery

1. _____

2. _____

3. _____

4. _____

Organization's role in and/or resources available for Long Term Recovery:

1. _____

2. _____
3. _____
4. _____

Disaster Trainings available through your organization:

1. _____
2. _____
3. _____
4. _____

Organization's scope of work in Disaster Mitigation:

1. _____
2. _____
3. _____
4. _____

By signing this application, Applicant acknowledges and agrees to comply with DEVOAD's current bylaws, and in particular the requirement to regularly attend meetings.

Date: _____

Signature: _____

Print Name: _____

Please return to : DelawareVOAD@gmail.com