

MARICOPA COUNTY COAD MEMBERSHIP APPLICATION FORM

Organization Information

Organization Name

Street Address:

Street	City	State	Zip Code
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Mailing Address (if different):

Street	City	State	Zip Code
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Office Phone:

24-Hour Emergency Phone

Fax:

Contact Information

Please list the names and contact information for the primary and secondary contacts for Maricopa County COAD. These persons must provide complete information for each category and be willing to be reached at any time in the case of emergency.

1) Primary Contact: _____
Last Name First Name

Phone numbers: _____
Cell phone 24-hour emergency phone

Email Address: _____

2) Primary Contact: _____
Last Name First Name

Phone numbers: _____
Cell phone 24-hour emergency phone

Email Address: _____

Organization Capabilities

Agency description: A separate document may be attached.

Available Resources: Please select all that apply. (Please indicate quantities available in starred categories)

- | | | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Shelters* <input type="checkbox"/> |
| <input type="checkbox"/> Building Repair/Rebuild | <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Special Populations Services |
| <input type="checkbox"/> Case Management* <input type="checkbox"/> | <input type="checkbox"/> Generators* <input type="checkbox"/> | <input type="checkbox"/> Disabled Transportation |
| <input type="checkbox"/> Chainsaw Crews* <input type="checkbox"/> | <input type="checkbox"/> Health Services | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Licensed | <input type="checkbox"/> Multi-Lingual Services |
| <input type="checkbox"/> Cleanup crews | <input type="checkbox"/> Non-licensed | <input type="checkbox"/> Functional Disabilities |
| <input type="checkbox"/> Cleanup Kits* <input type="checkbox"/> | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Spontaneous Vol. Management |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Communication (specify) | <input type="checkbox"/> In-Kind Donation Management | <input type="checkbox"/> Tool Trailers* <input type="checkbox"/> |
| <input type="checkbox"/> Counseling (licensed) | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Transportation (people) |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Mitigation | <input type="checkbox"/> Transportation (goods) |
| <input type="checkbox"/> Damage Assessment | <input type="checkbox"/> Mold Abatement | <input type="checkbox"/> Volunteers* <input type="checkbox"/> |
| <input type="checkbox"/> Debris Removal | <input type="checkbox"/> Needs Assessment | <input type="checkbox"/> Volunteer Housing |
| <input type="checkbox"/> Donations Management | <input type="checkbox"/> Portable Showers* <input type="checkbox"/> | <input type="checkbox"/> Warehouse Management |
| <input type="checkbox"/> Emergency Response Team | <input type="checkbox"/> Portable Washer/Dryers* <input type="checkbox"/> | <input type="checkbox"/> Water Purification |
| <input type="checkbox"/> Emotional/Spiritual Care | <input type="checkbox"/> Preparedness Education | |
| <input type="checkbox"/> Environmental Cleanup | <input type="checkbox"/> Repair/Rebuild | |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Shelter Management | |

Other Resources: Please list all other resources your organization may provide in times of disaster. Also use this field to specify or clarify any of the above listed resources.

Understanding of Resources

Material Resources: Please clarify items that your organization may be able to offer to the community in times of disaster.
Example: 5 horse trailers that hold 2 horses each, facility that could serve as a collection site for clothing, ham radios, housing assistance, disaster preparedness literature. Attach a separate document if necessary.

Human Services: Please clarify number of staff that your organization may have available in times of disaster.
Example: 5 caseworkers, 4 truck drivers, 6 childcare workers. Attach a separate document if necessary.

Does your organization have financial resources to contribute during times of disaster?

Yes No Depends on disaster: _____

Signature of Organization Representative:

_____ Title: _____

Print

Sign

Please email this form back to us:
MCCOAD@Outlook.com