



Rockland County Voluntary Organizations Active in Disaster (VOAD)

MEMBERSHIP INFORMATION & APPLICATION

Thank you for your interest in taking part in the Rockland County Voluntary Organizations Active in Disaster (RCVOAD). The United Way of Rockland in collaboration with the County of Rockland coordinates the RCVOAD. The RCVOAD is a coalition of organizations that will collaboratively plan, coordinate and implement disaster preparedness and response, as well as identify and respond to the unmet needs of people impacted by disasters in Rockland County. The RCVOAD is not a competing or exclusionary organization. It is a *network for organizations active in disaster*. Each RCVOAD member organization will maintain its own identity and independence while closely collaborating, cooperating, communicating and coordinating with other member organizations.

The RCVOAD is the community counterpart to the National Voluntary Organizations Active in Disaster (NVOAD), and has adopted NVOAD four guiding principles to carry out its work:

- (1) *Cooperation*
Foster cooperation among member organizations at all levels and in all phases of disaster.
- (2) *Coordination*
Coordinate the development of procedures, and the implementation of services among member organizations. Provide links to state, national and international disaster relief organizations. Serve as advocate and liaison between member organizations and state and federal resources.
- (3) *Communication*
Exchange and disseminate information among member organizations and the public, as well as local, state and federal agencies.
- (4) *Collaboration*
We dedicate ourselves to work together to achieve specific goals and to undertake specific projects at disaster sites. We form partnerships during all phases of the disaster response and recovery.

There are three types of membership in the RCVOAD:

- (1) *Full Membership* - Open to not-for-profit organizations, faith communities, businesses, and civic/community groups **with a mission and/or with experience responding to disasters** in Rockland County, and a commitment of resources to meet the needs of people affected by a disaster in Rockland County.
- (2) *Government Membership* - Open to governmental agencies with a mission and/or with experience responding to disasters in Rockland County, and a commitment of resources to meet the needs of people affected by a disaster in Rockland County.
- (3) *Affiliate Membership* - Open to not-for-profit organizations, faith communities, businesses, civic/community groups and governmental agencies **with an interest in disaster planning and response**, and the ability to commit resources to meet the needs of people affected by a disaster in Rockland County.

(4) To join the RCVOAD please complete, sign and return the application to: RCVOAD, United Way of Rockland, 135 Main Street, 2nd floor, Nyack, NY 10960. If you have any questions, please call us at (845) 358-8929.

MEMBERSHIP APPLICATION

ORGANIZATION INFORMATION

Organization: _____ Telephone #: _____

Address: _____

Website: _____ Fax #: _____

MISSION STATEMENT

Please provide the organization's mission statement, along with information on specific disaster services.

Please identify which services your organization could provide (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Emotional & Spiritual Care |
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Food Assistance |
| <input type="checkbox"/> Community Needs Assessment | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Construction Coordination/Services | <input type="checkbox"/> Housing Assistance/Shelters |
| <input type="checkbox"/> Disaster Case Management | <input type="checkbox"/> Information & Referral |
| <input type="checkbox"/> Donation Coordination | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other (please identify) _____ | <input type="checkbox"/> Volunteer Recruitment/Coordination |
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Do any staff/members of your organization that could assist during a disaster speak any of the following languages?

Spanish Creole French Hebrew Russian

Other (please identify) _____

TYPE OF MEMBERSHIP (check only one)

_____ Full Membership _____ Government Membership _____ Affiliate Membership

REPRESENTATIVE INFORMATION

Please designate two members of your organization that will be your RCVOAD representatives.

(1) *Primary Representative:* _____ Telephone #: _____

Address: _____

Email: _____ Cell Phone #: _____

(2) *Secondary Representative:* _____ Telephone #: _____

Address: _____

Email: _____ Cell Phone #: _____

AUTHORIZATION STATEMENT

The person signing this application must be authorized to sign on behalf of their organization.

Organization Name: _____

hereby expresses its commitment to the Rockland County Voluntary Organizations Active in Disaster (RCVOAD) and is in agreement with its purpose, principles and structure. As a RCVOAD member, we will seek to coordinate our resources with RCVOAD member organizations in planning for and responding to disasters.

Print Name

Title

Signature

Date