

## WaVOAD Organization Membership Form

Date:			
<b>General Organization Contact Information</b>			
Name of Organization:			
Website:		Phone:	
Mailing Address:			
City:		State:	
		Zip:	
Physical Address:			
City:		State:	
		Zip:	
Email:			
<b>WaVOAD Representative Information</b>			
Primary Representative		Alternate Contact	
Name:		Name:	
Primary Phone:		Primary Phone:	
Email:		Email:	
Fax:		Fax:	
<b>General Description of Disaster Related Services and Organization Service Area</b>			
<b>Check services organization can provide during and/or after a disaster</b>			
<input type="checkbox"/>	Food	<input type="checkbox"/>	Mass Feeding - fixed
<input type="checkbox"/>	Clothing	<input type="checkbox"/>	Mass Feeding - mobile
<input type="checkbox"/>	Animal Services	<input type="checkbox"/>	Volunteer Management
<input type="checkbox"/>	Shelter/Shelter Feeding	<input type="checkbox"/>	Skilled Rebuild Labor
<input type="checkbox"/>	Donations Management	<input type="checkbox"/>	Temporary Storage Facility (s)
<input type="checkbox"/>	Emotional Support	<input type="checkbox"/>	Financial Assistance
<input type="checkbox"/>	Spiritual Support	<input type="checkbox"/>	Case Workers
<input type="checkbox"/>	Muck-out/clean out	<input type="checkbox"/>	Case Management
<input type="checkbox"/>	Assessments (type)	<input type="checkbox"/>	Heavy Equipment
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Affiliated Volunteers	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Training (type)	<input type="checkbox"/>	Other:
<b>Use space below to clarify or provide additional information about the services checked above</b>			

Please email completed form to: WaVOAD: [wavoadinfo@gmail.com](mailto:wavoadinfo@gmail.com)