

## Member Organization Application/Profile

**Mission:** WV VOAD is a humanitarian association of independent organizations that may be active in all phases of disaster. Its mission is to identify unmet needs and facilitate efficient streamlined service delivery to those imperiled or impacted by disaster while eliminating duplication of effort through cooperation, coordination, communication, and collaboration in the four phases of disaster: preparation, response, recovery, and mitigation.

**Purpose:** WV VOAD is not a competing or exclusionary organization. WV VOAD is intended to be a network of organizations active in disaster. Each WV VOAD member organization will maintain its own identity and independence, while closely collaborating with other WV VOAD member organizations, faith groups, and local, state or federal authorities. WV VOAD takes no role in providing direct services. Direct services are provided by member agencies.

WV VOAD Membership Dues are \$100 per year.

**Does this organization agree with the WV VOAD Mission and Purpose as stated above?**

Yes                      No

**Name of Qualified Organization:** \_\_\_\_\_ **Acronym:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address, if different:** \_\_\_\_\_

**Organization's Email Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Designated Representative (Print):** \_\_\_\_\_

Contact Numbers	Home		Work	
	Cell		Fax	

**Email Address:** \_\_\_\_\_

**Designated Secondary Representative (Print):** \_\_\_\_\_

Contact Numbers	Home		Work	
	Cell		Fax	

**Email Address:** \_\_\_\_\_



## Member Organization Profile

**Mission Statement of Organization:**

---

---

---

---

---

**Publications (Newsletters, etc.):** \_\_\_\_\_

---

**Scope of Disaster Work in Response and/or Recovery:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

---

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

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

---

**Disaster Trainings available through your organization:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Areas Served (counties, statewide, and/other):** \_\_\_\_\_

---

---

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_