

SDVOAD MEMBER APPLICATION

ORGANIZATION NAME _____

TYPE OF ORGANIZATION: VOLUNTARY ORGANIZATION _____
GOVERNMENT AGENCY _____
BUSINESS SECTOR _____
COMMUNITY GROUP _____
OTHER _____

MAILING ADDRESS _____

OFFICE PHONE _____

WEBSITE _____

PRIMARY CONTACT PERSON _____

TITLE _____

E-MAIL _____

PRIMARY PHONE NUMBER _____

ALTERNATE PHONE NUMBER _____

SECONDARY CONTACT PERSON _____

TITLE _____

E-MAIL _____

PRIMARY PHONE NUMBER _____

ALTERNATE PHONE NUMBER _____

ORGANIZATION IS ENGAGED IN THE FOLLOWING PHASES:

MITIGATION _____

PREPAREDNESS _____

RESPONSE _____

RECOVERY _____

ORGANIZATION PROVIDES THE FOLLOWING SERVICES:

- BEHAVIORAL HEALTH
- CASE MANAGEMENT
- ELDER/CHILD CARE
- CLEAN-UP/DEBRIS REMOVAL
- COMMUNICATIONS (EMERGENCY, RADIO, SATELLITE)
- COMMUNITY DEVELOPMENT
- CONSTRUCTION
- DAMAGE ASSESSMENT
- DONATIONS MANAGEMENT
- EMOTIONAL AND SPIRITUAL CARE
- MASS FEEDING
- PHONE BANK/CALL CENTER SUPPORT
- FOOD SUPPLY
- FINANCIAL ASSISTANCE
- INFORMATION AND REFERRAL
- LONG-TERM RECOVERY SUPPORT/GUIDANCE
- MEDICAL ASSISTANCE
- RECONSTRUCTION
- REUNIFICATION
- PROFESSIONAL ELECTRICAL SERVICE
- PROFESSIONAL PLUMBING SERVICE
- PROFESSIONAL HVAC SERVICE
- SHELTER
- SHOWER AND/OR LAUNDRY UNITS
- TEMPORARY HOUSING
- VOLUNTEER MANAGEMENT
- PROVISION OF MATERIAL GOODS (CLEANUP KITS/HYGIENE KITS)
- ANIMAL SERVICES
- OTHER: SERVICES PROVIDED BY YOUR AGENCY NOT LISTED ABOVE:

SDVOAD Member Agreement
(For Voluntary Organizations with State-Wide Scope)

Our organization (name of organization to be indicated on form below), hereinafter referred to as “We”, would like to apply for regular membership with South Dakota Voluntary Organizations Active in Disaster (SDVOAD).

1. We accept the purpose of SDVOAD as set out in SDVOAD By-Laws and Mission Statement.
2. We comply with the following conditions of membership:
 - *Must be a voluntary organization
 - *Organization must have a disaster response program and policy for delivery of services to address the needs of people and communities affected by disasters, without discrimination
3. We will participate in SDVOAD’s annual conferences, meetings/sub-committees and will comply with other conditions and expectations of membership.
4. We agree to work in coordination with SDVOAD and appropriate government agencies when responding to an event. This would include adhering to the National Incident Management System (NIMS) and Incident Command System (ICS).
5. We agree to submit annual dues of \$150.00.
6. If requested, we will provide a copy of our organization’s constitution or charter and by-laws, our IRS recognition as a 501 (c) 3 organization, and written evidence of our commitment to utilize volunteers in providing services. We accept our responsibility to maintain and provide SDVOAD with a copy of our 24 hour contact information with this application and periodically as requested thereafter. We agree to keep SDVOAD advised of changes.
7. This application will be reviewed annually.

Signature and Date (SDVOAD Member)