



Southeastern PA

Voluntary Organizations Active in Disaster

Thanks for your interest in the Southeastern Pennsylvania Voluntary Organizations Active in Disaster (SEPA VOAD)! Please complete the following application and return to: Julia Menzo at jmenzo@libertylutheran.org.

I AM APPLYING TO BE A SEPA VOAD: PARTNER _____ ASSOCIATE _____

Organization _____

Address _____

City/ Town _____ State _____ Zip Code _____

Phone _____ Emergency/ Cell _____

Website _____ Email Address _____

Is your organization classified as a 501(c)(3)? NO _____ YES _____

Describe the mission of your organization: _____

Describe the services or products provided by your organization: _____

What is the size of your population served / customer base? _____

How many persons are employed by your organization? _____

Identify the geographic areas served by your organization (indicate all areas served):

_____ Bucks County	_____ State of DE	Other (please specify): _____
_____ Chester County	_____ State of MD	_____
_____ Delaware County	_____ State of NJ	_____
_____ Montgomery County	_____ International	_____
_____ Philadelphia County	_____ National	_____

Does your organization use volunteers? NO _____ YES _____

If yes, describe process used to activate volunteers: _____

Does your organization provide services in languages other than English? NO _____ YES _____

If yes, list language(s) available: _____

Does your organization have meeting space? NO _____ YES _____

If yes, how many people will it accommodate? _____

Is on-site parking available? NO _____ YES _____

Is there a cost for using your facility? NO _____ YES _____



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Member Application

What resources may your organization be able to provide during and after a disaster? (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Animal Rescue | <input type="checkbox"/> Food Distribution | <input type="checkbox"/> Prescription/ Healthcare Assistance |
| <input type="checkbox"/> Baby Items | <input type="checkbox"/> Food- Mass Mobile Feeding | <input type="checkbox"/> Smoke/Ash Removal- Inside |
| <input type="checkbox"/> Blankets and Pillows | <input type="checkbox"/> Food- Non-Perishable | <input type="checkbox"/> Smoke/Ash Removal- Outside |
| <input type="checkbox"/> Blindness Services | <input type="checkbox"/> Food- Perishable | <input type="checkbox"/> Showers at Facility |
| <input type="checkbox"/> Bleach | <input type="checkbox"/> Fork Lift | <input type="checkbox"/> Special Needs Support |
| <input type="checkbox"/> Building & Repair-Contracting Services and Estimates | <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Special Needs Equipment |
| <input type="checkbox"/> Building & Repair- Skills Labor | <input type="checkbox"/> Furniture/Appliances | <input type="checkbox"/> Spiritual Counseling |
| <input type="checkbox"/> Building & Repair- Supplies | <input type="checkbox"/> Generators | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Comfort Kits- Personal Hygiene Items | <input type="checkbox"/> Grants | <input type="checkbox"/> Storage- Refrigerated |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Home Repair Services | <input type="checkbox"/> Tarps |
| <input type="checkbox"/> Chaplains | <input type="checkbox"/> Health/ Medical Services | <input type="checkbox"/> Temporary Housing |
| <input type="checkbox"/> Clothing Distribution Site | <input type="checkbox"/> Home Care | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Insurance Assistance | <input type="checkbox"/> Transportation- Car Donation & Replacement |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Job Placement/Training | <input type="checkbox"/> Transportation- Gasoline Cards/ Voucher |
| <input type="checkbox"/> Communications- Cable | <input type="checkbox"/> Kitchen at Facility | <input type="checkbox"/> Transportation- Ride Service |
| <input type="checkbox"/> Communications- Cellular | <input type="checkbox"/> Loading Dock | <input type="checkbox"/> Transportation- Ride Sharing |
| <input type="checkbox"/> Communications- PC/ Internet Access | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Toxic Waste Disposal |
| <input type="checkbox"/> Communications- Radio | <input type="checkbox"/> Language Interpretation/ Translation | <input type="checkbox"/> Utilities/ Bill Assistance |
| <input type="checkbox"/> Communications- Satellite | <input type="checkbox"/> Loan/ Financial Assistance | <input type="checkbox"/> Vegetation/ Bush/ Tree Removal |
| <input type="checkbox"/> Communications- Phone | <input type="checkbox"/> Medical- Clinic | <input type="checkbox"/> Volunteers- Management/ Placement |
| <input type="checkbox"/> Cots | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Volunteers- Trained/ Skilled Labor |
| <input type="checkbox"/> Car Repair- Minor | <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Volunteer Support |
| <input type="checkbox"/> Case Management- Referrals | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Veteran's Assistance |
| <input type="checkbox"/> Donated Goods Management | <input type="checkbox"/> Mortgage/ Rental Assistance | <input type="checkbox"/> Warehouse Management |
| <input type="checkbox"/> Debris Removal Services | <input type="checkbox"/> Moving Assistance | <input type="checkbox"/> Warehouse Space |
| <input type="checkbox"/> Debris Removal Equipment | <input type="checkbox"/> Nurses | <input type="checkbox"/> Water (drinking) |
| <input type="checkbox"/> Emergency Sheltering | <input type="checkbox"/> Pet Care- Food | |
| <input type="checkbox"/> Food Cupboard | <input type="checkbox"/> Pet Care- Fencing | |
| <input type="checkbox"/> Food Home (Meal) Delivery | <input type="checkbox"/> Pet Care- Sheltering | |
| | <input type="checkbox"/> Phone Bank/ Call Center | |
| | <input type="checkbox"/> Physicians | |

Other (please specify):



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Please indicate the area(s) of expertise available through your organization, with regard to disaster response:

<input type="checkbox"/> Case Management	<input type="checkbox"/> Spiritual Care	Other (please specify): _____
<input type="checkbox"/> Donations Management	<input type="checkbox"/> Volunteer Management	_____
<input type="checkbox"/> Mass Care		_____

I have read and understand the SEPA VOAD by-laws and agree to their contents. Further, we understand we may be called upon to provide resources or services as we have notes, on a voluntary basis. We look forward to collaborating with the SEPA VOAD to help our region prepare for, respond to and recover from disasters and would like to register our organization for the SEPA VOAD program.

Signature of Person Completing Application

Date

Printed name of Person Completing Application

Authorized Member Organization Representative:

Name _____
Email Address _____
Phone Number _____
24-Hr Phone Number _____

Alternate Authorized Member Organization Representative:

Name _____
Email Address _____
Phone Number _____
24-Hr Phone Number _____