

Lakelands VOAD

Lakelands Voluntary Organizations Active in Disaster

Organization Profile

Date:

Check All that Apply:

Please add to LLVOAD Mailing List

Please include my organization's information in the LLVOAD Resource Directory

Basic Information About Your Organization:

| | | | |
|--------------------------|--|----------------------------|--|
| Name of Organization | | Organization Website | |
| Primary Disaster Contact | | Alternate Disaster Contact | |
| Street Address | | Street Address | |
| City, State Zip | | City, State Zip | |
| P. O. Box | | P. O. Box | |
| City, State, Zip | | City, State, Zip | |
| Daytime Phone | | Daytime Phone | |
| Evening/Weekend Phone | | Evening/Weekend Phone | |
| Alternate Phone | | Alternate Phone | |
| Pager Number | | Pager Number | |
| Fax | | Fax | |
| Email Address | | Email Address | |
| Amateur Radio Call Sign | | Amateur Radio Call Sign | |

Does your organization have a written disaster response plan that outlines your capabilities and resources to aid victims of disaster?

Yes

No

If yes, please attach or send a copy of that plan with this profile.

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What is the official mission statement of your organization?

If no, please describe your organization's capability and resources in regard to the following areas. Please check all that apply and describe below. If you need additional space, please use the back of this application

| Roles & Services of Voluntary Agencies | |
|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Mass Care |
| <input type="checkbox"/> Bulk Distribution | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Mitigation Planning |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Mobile Feeding |
| <input type="checkbox"/> Clean-up & Rebuilding | <input type="checkbox"/> Organizational Mentoring |
| <input type="checkbox"/> Community Disaster Education | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Radio Communications Services |
| <input type="checkbox"/> Damage Assessment | <input type="checkbox"/> Relocation Services |
| <input type="checkbox"/> Debris Removal | <input type="checkbox"/> Resource Coordination |
| <input type="checkbox"/> Disaster Planning | <input type="checkbox"/> Sanitation Services |
| <input type="checkbox"/> Donations Management | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Elder Care | <input type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Emergency Repairs | <input type="checkbox"/> Training |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Translation Services |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Volunteer Assistance |
| <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Volunteer Services |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Identification | <input type="checkbox"/> Other |

Description of Roles & Services

Does your organization have expertise in dealing with specific types of disaster? Briefly describe.

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Does your organization partner with any other local organizations in providing response or recovery services following a disaster?

Yes

No

If yes, please list below.

What donated goods (if any) could your organization utilize in performing the above services?

Does your organization currently have or have plans to develop a plan for the use of spontaneous volunteers during a disaster?

Yes

No

If yes, please briefly describe how your organization would utilize spontaneous volunteers during a disaster.