**MEMBERSHIP REGISTRATION / INTENT TO CONTINUE FORM**

**Organization Information**

Organization Name

 **Street Address:** Street City State Zip Code

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**Mailing Address:** Street City State Zip Code

Office Phone 24-Hour Emergency Phone Mobile Phone

Website Email

Affiliation (choose one): [ ]  Agency (government) [ ]  Church [ ]  Organization (non-profits) [ ]  Business [ ]  Individual

**Contact Information**
State the name and contact information for the primary and secondary contacts for Hancock County COAD. These persons must provide complete information for each category and be willing to be reached at any time in the case of emergency.

1.) Primary Contact:
 Last Name First Name

**Street Address:** Street City State Zip Code

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Emergency Phone Home Phone Work Phone

Cell Phone Personal Email Work Email

2.) Secondary Contact:
 Last Name First Name

 **Street Address:** Street City State Zip Code

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Emergency Phone Home Phone Work Phone

Cell Phone Personal Email Work Email

Type of Membership [ ]  Participating [ ]  Partner (Please submit check for $25.00 for 2021 dues)

**Training**Please provide training received for each contact (Provider, subject, date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Available Resources:** Please select all areas that reflect the focus of your or your organization’s skills and interests. (Please indicate the quantities available in starred categories under Other Resources at bottom of the page.):

[ ]  Animal Welfare
[ ]  Building Repair/Rebuild
[ ]  Case Management \*
[ ]  Chainsaw Crews \*
[ ]  Childcare \*
[ ]  Cleanup Crews \*
[ ]  Cleanup Kits \*
[ ]  Clothing
[ ]  Communication (specify)
[ ]  Counseling/Licensed
[ ]  Crisis Intervention
[ ]  Damage Assessment
[ ]  Debris Removal Crews \*
[ ]  Donations Management
[ ]  Emergency Response Team
[ ]  Emotional & Spiritual Care
[ ]  Environmental Cleanup
[ ]  Feeding \*
 [ ]  Mobile Kitchens \*
 [ ]  Food Products \*
[ ]  Financial Assistance
[ ]  Financial Counseling
[ ]  Generators \*
[ ]  Health Services
 [ ]  Licensed
 [ ]  Non-licensed
[ ]  Hospice Care
[ ]  Information & Referral
[ ]  In-Kind Donations/Bulk
[ ]  Mental Health Services
[ ]  Mitigation
[ ]  Mold Abatement
[ ]  Mudout
[ ]  Multi-Lingual Services
[ ]  Needs Assessment
[ ]  Portable Showers \*
[ ]  Portable Washer/Dryers \*
[ ]  Preparedness Education
[ ]  Repair/Rebuild
[ ]  Shelter Management
[ ]  Shelters \*
[ ]  Special Populations Services
 [ ]  Disabled Transportation
 [ ]  Sign Language
 [ ]  Functional Disabilities
[ ]  Spontaneous Volunteer
 Management
[ ]  Support Groups
[ ]  Tool Trailers \*
[ ]  Transportation/People
[ ]  Transportation/Goods
[ ]  Volunteers \*
[ ]  Vehicle(s) 4WD \*
[ ]  Volunteer Housing
[ ]  Warehouse Management
[ ]  Water Purification \*

 **Material Resources:** Please list items that your organization may be able to offer to the community in times of disaster. *Examples: 5 horse trailers that hold 2 horses each, facility that could serve as a collection site for clothing, ham radios, housing assistance, disaster preparedness literature.* *Attach a separate sheet if necessary*.

**Human Services:** Please list the number of staff/volunteers your organization would have available to help in times of disaster and their special skills or training. *Examples: 5 caseworkers, 4 truck drivers, 6 childcare workers. Attach a separate sheet if necessary*.

**Other Resources:** *Please list all other resource your organization provides in times of disaster*.

**Does your organization have financial resources to contribute?** [ ] YES [ ]  NO [ ]  Depends on the disaster

***Return for (and payment if applicable) to Hancock County COAD, 1517 Bowman Drive, Greenfield, IN 46140***