**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***