



Southeast Texas VOAD

Voluntary Organizations Active in Disaster

Agency Information & Application For Membership

Serving Jefferson, Orange, Hardin, Jasper and Newton Counties

www.setxvoad.org

OVERVIEW:

The Southeast Texas Voluntary Organizations Active in Disaster (SETXVOAD) is the local counterpart to the Texas VOAD. Texas VOAD is the state counterpart to the National VOAD. The Jurisdiction is Jefferson, Orange, Hardin, Jasper and Newton Counties.

MISSION:

SETXVOAD is a humanitarian association of independent voluntary organizations who may be active in all phases of disaster. Its mission is to foster efficient, streamlined service delivery to people affected by disaster, whole eliminating unnecessary duplication of effort, through cooperation in the four phases of disaster: preparation, response, recovery, and mitigation.

CATEGORIES OF MEMBERSHIP:

1. Partner - the Partner membership is the voting membership. Organizations must qualify as a 501(c) (3) and must have a disaster response program and policy for commitment of resources to meet the needs of those affected by a disaster without discrimination.
2. Associate - the Associate category of membership may be granted to organizations, government agencies or businesses with disaster planning and operations responsibilities that do not meet all of the Partner membership. They must have a disaster response program and policy for commitment of resources to meet the needs of those affected by a disaster without discrimination.
3. Affiliate - For profit organizations who want to improve their preparedness or increase their support for community services during and after disasters.

Name of Organization:

Name of Organization Representative:

Title of Organization Representative:

Organization Mailing Address:

Email Address:

Contact Phone Numbers:

Office: _____

Cell: _____

24-hour Emergency Number: _____

What jurisdiction does your organization serve?

- All of Southeast Texas
- Jefferson County
- Orange County
- Hardin County
- Jasper County
- Newton County

What resources may your organization offer during disaster?

- | | |
|---|---|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Technical Assistance/Support |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Training/Training Facility |
| <input type="checkbox"/> Clean-up/Muck Out | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Supplies (cleaning, hygiene, etc) |
| <input type="checkbox"/> Damage Assessment | <input type="checkbox"/> Water |
| <input type="checkbox"/> Debris Removal | <input type="checkbox"/> Distribution Point (Large parking lot) |
| <input type="checkbox"/> Donations Management | <input type="checkbox"/> Warehouse Space |
| <input type="checkbox"/> Emotional/Spiritual Care | <input type="checkbox"/> Transport Resources (Box Truck) |
| <input type="checkbox"/> Food Provider | <input type="checkbox"/> Heavy Equipment (Fork Lift) |
| <input type="checkbox"/> Public Messaging | <input type="checkbox"/> Large Event Facility (disaster registration) |
| <input type="checkbox"/> Sheltering | <input type="checkbox"/> Shower/Laundry Services |
| <input type="checkbox"/> General Volunteer | <input type="checkbox"/> We're not sure. We just want to help! |

Does your organization have a volunteer database?

- Yes
- No

Does your organization qualify as a not-for-profit under the IRS 501(c)(3) code?

- Yes *(If your answer is "yes," please email your IRS determination letter to: director@jcltrg.org)*
- No

Each organization will have only one Authorized Representative (AR). If your organization is not structured for such representation, please decide who among your agency will serve as the AR. Each AR will be responsible for distributing VOAD information to their organization, but other organization representatives may attend meetings. The organization will replace the AR if they can no longer serve for any reason.

By signing below you are affirming the following:

- 1. The name of the person submitted on this application is your organization's Authorized Representative for SETX VOAD.**
- 2. The Authorized Representative for your organization has read and understands the SETX VOAD Bylaws and Code of Conduct. (www.setxvoad.org)**
- 3. Your organization will be due diligent in meeting attendance and SETX VOAD participation.**

Signature of Authorized Representative

Date