

AFFLIATE APPLICATION

This application applies to for-profit Companies that have offices in Maryland and are interested in participating in disaster preparedness and response through donations of in-kind equipment, financial aid, and volunteers and to Community Organizations Active in Disaster (COADs) who wish to affiliate with MD VOAD for the purpose of providing response to localized disaster events in coordination with MD VOAD.

*\*A waiver request must be made for any information that cannot be provided. Please include an accompanying explanation for each item stating your reasons for making a waiver request.*

1) Organizational Information

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| --- | --- | --- | --- |
| Organizational Name: |  | Website: |  |
| Physical Address: |  |  |  |
| Mailing Address: |  |  |  |
| Main Phone Number: |  | Fax: |  |
| Facebook: |  |  |  |
| Total Number of Staff: |  |  |  |
| Year organization became active in disaster work: |  |  |
|  |  |  |  |

2) Primary Point of Contact to Maryland VOAD

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Main Phone: |  | Mobile Phone: |  |
| Email: |  |  |  |
|  |  |  |  |

3) Alternate Point of Contact to Maryland VOAD

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Main Phone: |  | Mobile Phone: |  |
| Email: |  |  |  |
|  |  |  |  |

4) Why does your organization wish to join Maryland VOAD?

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5) Documentation: All items must be submitted with the application

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| 1. Mission Statement
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| 1. A letter on the organizations’ letterhead stating the intent of the organization to meet Maryland VOAD’s Membership Criteria, signed by an authorized officer of the Company
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| 1. Statement of commitment to non-discrimination in hiring
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| 1. Statement of commitment to non-discrimination in the provision of services
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| 1. High resolution file format of organization’s logo
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| 1. List of office location and branches in Maryland
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ORGANIZATIONAL OVERVIEW

6) Briefly describe your Company’s:

* Capacities and expertise in disaster response
* For Companies -- Anticipated in-kind donations your Company will contribute
* For COADs – Your approach for responding to localized disasters and for coordinating that response with MD VOAD

*(Attach documents or other materials as appropriat*e)

7) Please list up to three active responses your organization has participated in, in the State of Maryland in the past 5 years. How do you anticipate your capacity and expertise could be integrated into the Maryland VOAD response system?

*(200 words maximum per incident)*

PARTICIPATION DUES

All Maryland VOAD Participants are required to pay their dues in full within 30 days of invoice receipt.

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| --- | --- |
| Category | Annual Dues |
| Member | $150 |
| Partners | $100 |
| Affiliates | No Dues, but for companies, an expectation to support MD VOAD with tax deductible in-kind or financial donations and for COADs, an expectation of initial response to localized disasters in coordination of that response with MD VOAD |

The following duly authorized representative of the organization hereby acknowledges that the information contained in this application is true, accurate, and complete. The organization fully understand and accepts the criteria for Maryland VOAD membership.

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|  |  |
| Date Signed: | Name: |
|  |  |
| Signature: | Title: |
|  |  |