

PARTNER APPLICATION

This application applies to Federal, State, County, or Local Government organizations with a stated policy of commitment of resources, without discrimination, to meet the needs of people affected by disaster.

*\*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. 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 locations and branches in Maryland
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ORGANIZATIONAL OVERVIEW

6) Briefly describe how you anticipate your organization’s capacities and expertise will be integrated with the work and mission of Maryland VOAD when activation occurs.

 *(Attach documents or other materials as appropriate)*

7) Please list up to three active responses in which your organization has collaborated, or ways it could have collaborated, with Maryland VOAD in the past 5 years.

*(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.

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