

COAD-OC

Collaborating Organizations Active in Disaster-
Orange County

Membership Application

“The purpose of COAD-OC is to establish and enhance partnerships among community-based and governmental organizations that will collaborate, communicate and coordinate response and recovery efforts for Orange County residents during times of disaster.”

Governmental & Nonprofit Organizations interested in becoming COAD-OC members, should complete this application.

Please email to: # \ °) \ #

Member Organization - Legal Name _____

Organization Address _____

Telephone Number (____) _____ Fax number (____) _____

Organization Website _____ Email Address _____

Social Media Sites _____

of Employees: _____ # of Volunteers _____ Geographic Area (s) Served _____

Name of Executive Director _____

Name of Primary Contact to COAD-OC _____

E-mail Address of Primary Contact to COAD-OC _____

Direct Telephone Number of Primary Contact/Liaison (____) _____ Cell # (____) _____

Name of Secondary Contact to COAD-OC _____

E-mail Address of Secondary Contact to COAD-OC _____

Direct Telephone Number of Secondary Contact/Liaison (____) _____ Cell # (____) _____

Mission Statement:

Brief Summary of Organization's Purpose:

Services Provided by Your Organization in Disaster:

Preparedness:

Response:

Recovery:

What level of Membership are you considering?

_____ Response & Recovery – Predefined Disaster Role

_____ General – Seek to know more about Orange County disaster response and recovery and integrate into countywide recovery efforts, and/or seeking preparedness information

_____ \ # \ °) \ # .

THANK YOU FOR YOUR INTEREST IN COAD-OC
