

Southern Arizona
Community Organizations Active in Disaster
Membership Form



MEMBERSHIP TYPE

VOTING MEMBER: Voluntary organizations that may have a national affiliation or are local to Arizona and have a stated policy of commitment of resources to meet the needs of people affected by a disaster without discrimination.

NON-VOTING MEMBER: State and local government agencies that are responsible and would be activated in a disaster OR other organizations or corporations that provide disaster relief, response, resources or information services.

VOTING **NON-VOTING**

AGENCY / ORGANIZATION CONTACT INFORMATION

Name of Agency/Organization Making Commitment

Mailing Address:
Street Name and Number (if applicable)

FAX Number (Include Area Code)

City/Town, County, State & Zip Code

DISASTER RESOURCES / SERVICES AVAILABLE [List Specifics]

Volunteers-

Housing -

Food/Clothing/Toiletries -

Furniture/Household items -

Building Materials -

POINT OF CONTACT

LEAD Point of Contact (Last, First)

Direct Phone Number

Email Address

ALTERNATE Point of Contact (Last, First)

Direct Phone Number

Email Address

Additional Information needed below please Submit to: SOAZCOAD@outlook.com or
mail to P.O. Box 18152 Tucson, AZ 85731
Questions: Chris Taylor (520) 477-9652



Additional MEMBERSHIP RESOURCES

Organization Name:

Is your organization willing to contribute to relief efforts in areas outside your SOAZCOAD?

- Yes, it is ok to share our information.
 No, please keep this only for SOAZCOAD purposes.
 Depends, please explain below.

Comments:

Is your agency willing to share your membership resources information with other organizations providing disaster assistance? (i.e. church groups, AZVOAD, etc)

- Yes, it is ok to share our information.
 No, please keep this only for SOAZCOAD purposes.
 Depends, please explain below.

Comments:

Technology access (Circle) phone teleconferencing video conferencing two-way portable radios

Number of communication team _____ Ham Radio Operators _____

Human Resources

Please provide an estimated number of potential volunteers available from your organization in each area. Organizations are required to verify training, licensure and certifications, including background checks in advance when needed for a specific position below.

Volunteers-

Food Preparation: Food Handlers¹ _____ Kitchen Volunteers _____

Sheltering _____

Heavy Equipment Operators: Dozer _____ Excavator _____

Tractor Loader Backhoe _____

Skilled Labor/ Trades: Carpenters _____ Electricians _____ Plumbers _____

Masonry _____ HVAC _____

Unskilled labor ie: sandbagging, moving equipment & supplies, etc. _____

Childcare Providers²: Certified Teachers _____ Licensed Childcare Staff _____

Commercial Driver’s License _____

Medical: Physician _____ RN _____ Paramedic _____ EMT _____

Other Licensed Providers _____

Mental Health: _____ Interagency Peer Support Team (MRC) _____

Spiritual Care Providers³ _____

Warehouse/Storage _____

Distribution _____

Animal Care _____ Large Animal _____

Interpreters ASL _____ Spanish _____ Other _____

Please list other languages _____

1. Requires Pima County approved Food Handler Certificate
2. Requires Level 1 or IVP Fingerprint Clearance Card
3. Must meet SOAZCOAD Deployed Spiritual Care Provider Guidelines

Physical Resources

Property and Buildings: (circle) Yes No

Would you consider allowing your location to be used as a shelter? Has your location already been surveyed by the Red Cross?

Would you consider allowing your location to be used for a Multi-Agency Resource Center (MARC) or other use that does not include sheltering? (circle) Yes No

Do you have a commercial kitchen approved by the health department (circle) Yes No

Would you be willing to allow the use of your kitchen for meal preparation?

Do you have licensed childcare facilities? (circle) Yes No

Would you be willing to allow the use of these facilities?

Do you have buses or vans you would allow to be used for transportation?

Do you have warehouse / storage space that could be utilized temporarily? _____

Please list any other resources or information you believe may be helpful to the SOAZCOAD leadership team. (ie: large tents or canopies, tables, chairs, etc.)
