

Wildcat Regional COAD Organizations Active in Disaster

MEMBERSHIP APPLICATION

Organization: _____

Address: _____ City: _____ Zip: _____

Phone: _____ 24 Hour Emergency Phone: _____

Email: _____ Website: _____

Affiliation: (Choose One)

_____ Agency (Government) _____ Business (for-profit) _____ Faith Based
_____ Organization (Non-profit) 501(c)(3)? _____ YES _____ NO EIN# _____

CONTACT INFORMATION

(State the name and contact information for the primary and secondary contacts for Wildcat Region COAD. These persons must provide complete information for each category and be willing to be reached at any time in the case of an emergency.)

1.) Primary Contact: _____

_____	_____	_____
Last Name	First Name	

_____	_____	_____
Street Address	City	Zip Code

_____	_____	_____
Emergency Phone	Home Phone	Work Phone

_____	_____	_____
Cell Phone	Fax	Email

2.) Secondary Contact: _____

_____	_____	_____
Last Name	First Name	

_____	_____	_____
Street Address	City	Zip Code

_____	_____	_____
Emergency Phone	Home Phone	Work Phone

_____	_____	_____
Cell Phone	Fax	Email

Agency Description: (A separate document may be attached) _____

Organization's Mission: _____

Disaster Phases (Please mark all that apply to your organization):

_____ Preparedness _____ Response _____ Recovery _____ Mitigation

Disaster Services Provided: (Please check off the categories that best describe the kind of services you could provide during an emergency.)

Goods

- Appliances
- Baby Goods
- Building Materials
- Clean Up Supplies
- Clothing
- Collection of Goods
- Delivery of Goods
- Durable Medical Equipment
- Eye Glasses
- Household Furnishings
- Household Goods
- Personal Care Items

Food

- Baby Food
- General Food Items
- Food Bank
- Food Delivery
- Food Preparation
- Meals, congregate
- Mobile Feeding/Home Delivery
- Vouchers for Meals
- Water

Financial Assistance

- Fundraising
- Funeral Expenses
- Grants
- Home Repair Assistance
- Loans
- Medical Expenses
- Mortgage Assistance
- Rental Assistance
- Transportation Vouchers
- Utility Assistance
- Vouchers for Clothing
- Vouchers for Prescriptions

Repair/Rebuilding

- Home Reconstruction
- Electrical
- Emergency Repairs
- Home Repair
- Plumbing
- Sanitation Services
- Weatherization
- Labor

Volunteer

- Coordination
- Skilled Labor
- Unskilled Labor

Housing/Space

- Assisted Living
- Hotel/Lodging
- Office Space
- Senior Housing
- Shelter, Daytime Only
- Shelter, Overnight
- Storage or Warehouse Space
- Volunteer Housing

Care Services

- Adult Day Care
- Child Care/Camp
- Elder Care
- Respite Care
- Case Management

Professional Services

- Case Management
- Insurance Claim/Mediation
- Legal Services (Fee)
- Legal Services (Pro Bono)
- Publicity/PR

Professional Services, cont'd

- Radio Communications
- Relocation Services
- Technical Assistance
- Training

Services for Special Populations

- Bilingual Services
- Immigrant Assistance
- Interpreters
- Sign Language Services
- Support Services Special Needs
- Translators
- Veterans Assistance
- Vision Impairment Services

Transportation

- Accessible Transportation
- Auto Repair
- Gasoline
- Trucks

**Health Care & Spiritual/
Emotional/Mental Health**

- Counseling
- Crisis Intervention
- Mediation
- Pastoral Care
- Dental Services
- Medical Services
- Preparedness/Well-being Checks

Animal Care

- Boarding
- Lost Animal Information
- Pet Care Services

To provide more information than the check boxes can capture, please describe your services here:

Does your organization have financial resources to contribute?

YES NO Depends on the disaster

Signature Authorized Rep: _____ Title: _____

Printed Name: _____ Email: _____

Please Return Form:

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