



Membership Agreement

The Big Country VOAD (BCVOAD) is a collaborative organization between community stakeholders – voluntary, private, and non-profit organizations – that assists in organizing community efforts to provide needed services to community members that arise as the result of a disaster that occurs in the 19-county West Central Texas region. The goal of the Big Country VOAD is to convene community entities to identify capabilities, encourage training, share information, and integrate resources into an efficient and effective disaster preparedness, response, and recovery system.

To participate in the BCVOAD, please fill out the questionnaire below to the best of your ability. Please note that this does not obligate your organizations or resources in times of crisis but allows the BCVOAD to reach out to specific organizations to see if you can meet a specific need that arises.

There are many benefits to be gained by becoming an active BCVOAD member or partner:

- Increased capacity to provide efficient services to victims of disasters.
- Better response to disasters through **cooperation, communication, coordination, and collaboration** (the 4 C's which form the foundation for VOAD principles and missions throughout the nation).
- Networking and sharing of best practices with other individuals and organizations active in disaster response.
- Training resources and technical assistance are available through BCVOAD and our partners.
- Access opportunities for outreach in coordination with our partners.

Membership Options:

Member status (voting member) may be granted to an organization, institution, or other entity with the following terms:

- Members shall operate as an IRS-designated nonprofit or have an exempt status such as a governmental organization, municipality, or entity that represents community service.
- Members will be the core BCVOAD decision-makers, administrators, and responders from organizations that have agreed (by MOU) to be active responders with a stated policy of commitment to goods and/or services to help individuals and the community prepare for, reduce impact, and recover from disasters without discrimination.

Partner status (non-voting member) may be granted to an organization, institution, or other entity with an interest and/or capacity in responding to disasters with the following terms:

- Partners are all agencies that are not Members. The Partner category of membership may be granted to local, state, or federal government agencies or businesses with disaster planning and operations.
- Partners will be auxiliary participants who may provide goods and/or services when called upon but are not required to make the same commitment as Members to decision-making and administration.

**Big Country Voluntary Organizations Active in Disaster (BCVOAD)
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Annual membership dues of \$50.00 are assessed for all **Members**. Membership dues are required with the application and are assessed annually as membership renews.

No membership dues are required for **Partners**.

Conditions of Membership:

Through completion of the membership application, the organization agrees to abide by the following conditions of membership:

1. We accept the mission and purpose of BCVOAD as set out in the BCVOAD bylaws and agree to work in a manner consistent with both.
2. We will maintain representation at routine and special membership meetings of the BCVOAD and participate in special events.
3. We agree to work in coordination with BCVOAD and appropriate government agencies when responding to a disaster.
4. We verify that we meet the conditions of membership for our type of membership as outlined in the BCVOAD bylaws.
5. If requested, we will provide a copy of our organization's constitution, charter, by-laws, IRS tax exemption, and/or other documentation needed to verify the type of membership.
6. We commit to meeting our annual membership dues and accepting responsibility to maintain and provide BCVOAD with accurate and up-to-date contact information for general contact purposes and emergency response activation.
7. We agree that we will have adequate insurance coverage to cover our organization's disaster response activities.
8. Agreement through this form satisfies the formal agreement as required by the BCVOAD bylaws.

Please retain pages 1-2 for your records and complete the attached Membership Agreement Form (pages 3-5). Please submit the completed and signed Membership Application form to bigcountryvoadtexas@gmail.com

Applicants: Membership dues can be sent to:

Big Country VOAD/United Way of Abilene
Attn: BCVOAD Treasurer
P.O. Box 82
Abilene, TX 79604

**Big Country Voluntary Organizations Active in Disaster (BCVOAD)
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Legal Name of Organization:	
Membership Type:	<input type="checkbox"/> Member (voting) <input type="checkbox"/> Partner (nonvoting)
Organizational Leader Name:	
Organizational Leader Title:	
Mailing Address:	
City, State, Zip:	
Office Telephone:	
E-mail Address:	
Website:	

	BCVOAD Representative Information:	Alternate Representative Information:
Name:		
Mailing Address:		
City, State, Zip:		
Office Telephone:		
Mobile Telephone:		
E-mail Address:		

Organization's Mission Statement:	
What kind of information would you like to see from the BCVOAD?	
What Phases of the Disaster Cycle does your organization support (check all that apply):	<input type="checkbox"/> Mitigation <input type="checkbox"/> Response <input type="checkbox"/> Preparedness <input type="checkbox"/> Recovery
What counties are in your service area?	
What demographic of clients does your organization serve? (55+, Disability, ESL, etc.)	
<i>Please complete the back page for additional specific services.</i>	

Big Country Voluntary Organizations Active in Disaster (BCVOAD)

Membership Agreement Form: Specific Disaster Activities

Your disaster mission statement defines the role your organization will play in disaster preparedness, response, and/or recovery within your community. Choose the options from each field below that best suit your organization's specific situation and intended role in your emergency network, or add in your roles and activities. The items below are only suggestions.

- Emergency Preparedness Training (*participate in and/or conduct training seminars/workshops with local response agencies*)
- Disaster Preparedness Info (*assist to disseminate information or various scenarios*)
- Disaster Kits (*stockpile and help others stockpile emergency supplies such as food, water, batteries, etc.*)
- Liability/Loss Advice
- Emergency Property Protective Measures (*clearing dead trees on the land, etc.*)
- Communications and information services
- Short-term Housing/temporary shelter for survivors (*please specify capacity*) _____

- Long-term Housing/Shelter for survivors (*please specify capacity*)

- Food and meals for survivors and/or volunteers
- Logistics/Material assistance distributing goods (*please specify assets available to execute*) _____

- Volunteer Management/Volunteer Center services
- Clean-up and disposal services.
- Daycare and childcare services (Specify capacity) _____
- Support for people with disabilities & access & functional needs
- Transportation for survivors and their families
- Mental health services
- Warehousing/Temporary storage for personal items (Please specify. How many units or sq. ft.)
- Legal services
- Insurance expertise/services
- Financial assistance
- Medical health services/first aid
- Animal shelter/services
- Worship center/emotional & spiritual care
- Damage Assessments
- Repairing and rebuilding services

- Search and rescue teams
- Interpretation/translation services
- Support services for seniors
- Laundry Units>Showers (specify which one)
- Latrines (porta-potty)
- Donations Management
- Clothing
- Case Management (specify case load capacity and any detailed information needed)
- Home Checks
- Evacuation Centers

If you have machinery or equipment at your disposal, please provide details below. (i.e. trailers, pop-up tents, skid steers, etc.)

If you have capabilities that are not listed above, please include them below.

Signed _____ Date _____

Name Printed _____

For _____ Agency/Organization

Mailing Address _____

Email Address _____