



Membership Application 2025

☐ **New** ☐ **Renewal**

Date: _____

Organization Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Website: _____

Primary Contact: _____

Island they live on: _____ Position in Organization: _____

Business Phone: _____ Mobile Phone: _____

Email Address: _____

Secondary Contact: _____

Island they live on: _____ Position in Organization: _____

Business Phone: _____ Mobile Phone: _____

Email Address: _____

Central Billing Contact: _____

Business Phone: _____ Mobile Phone: _____

Email Address: _____

Organization Type:

- ☐ NGO (non-government organization/nonprofit)
- ☐ Local Business
- ☐ Government Agency (Federal, State, Local)
- ☐ Community Group (disaster preparedness or response group)
- ☐ Individual (not part of an organization)

☐ Yes ☐ No Do you have a policy of commitment of resources to meet the needs of people affected by disaster without discrimination?

☐ Yes ☐ No Do you have a policy/training on children and vulnerable adults?



Organizational Description or Mission Statement (Tell us briefly about your organization and how it helps in disasters):

Reason your organization is interested in being a member of Hawaii State VOAD:

Membership Type:

COAD Membership includes 1 vote at selected COAD and 1 vote at Hawaii State VOAD

- \$25 ☐ Kauai COAD
\$25 ☐ Oahu COAD
\$25 ☐ Maui COAD
\$25 ☐ Hawaii Island COAD

☐ Yes ☐ No Organization is a member of the National VOAD

Payments If you need assistance email diane.reece@hawaiiystatevoad.org

• **Credit Card Payments** ☐

Pay via Quick Books invoice emailed to you

• **Check payments** ☐

All payments made to: Hawaii State VOAD

Mailing Address:

Diane Reece
Treasurer HSVOAD
94-398 Manaku Street
Mililani, HI 96789

Must complete application and payment to be a member.
All **new** applications reviewed and approved by Executive Team
Email application to: HawaiiStateVOAD@gmail.com



Specific Disaster Activities your Organization Provides (select ALL that apply)

Preparedness/Mitigation

- ☐ Disaster kits
- ☐ Disaster preparedness information
- ☐ Emergency preparedness training (classes during blue skies)
- ☐ Emergency property protective measures (i.e., provide sandbags)
- ☐ Liability/loss advice
- ☐ Property retrofitting services
- ☐ Other _____

Response/Relief

- ☐ Communication (HAM radio or FRS / GMRS)
- ☐ Communication (hotline answering, response phone line support)
- ☐ Disabilities (services for those with disabilities)
- ☐ Food services (food, prepare, deliver, beverages, snacks)
- ☐ Home checks
- ☐ Housing for relief workers (temporary)
- ☐ Medically fragile services
- ☐ Mental health services
- ☐ Pet services (shelters and other services)
- ☐ Sheltering
- ☐ Transportation (temporary)
- ☐ Volunteer management (spontaneous volunteers)
- ☐ Other _____

Recovery

- ☐ Commodity Replacement
- ☐ Casework (disaster case management -DCM)
- ☐ Clean-up (private property, i.e., clean down trees, mud out, etc.)
- ☐ Donation Coordination (during disasters)
- ☐ Disaster Loans
- ☐ Disaster Services Center
- ☐ Grant Programs (for individuals and/or families) including your organization may provide funds for recovery
- ☐ Housing Assistance
- ☐ Volunteer Management (long term and spontaneous)
- ☐ Transportation (temporary)
- ☐ Repair Homes and/or businesses (your organization does repair work)
- ☐ Rebuild Homes and/or businesses (your organization builds homes)
- ☐ Other _____