



Assistance Request Form Voluntary Organizations Active in Disaster

Purpose:

The National VOAD Community Preparedness Committee recommends including this form in State & Territory VOAD preparedness resources to use as a companion reference when assessing local capacities.

The Voluntary Organizations Active in Disaster Assistance Request Form is intended to assist State and Territory VOAD's with acquisition of products and services that may not be readily available from agencies in their own state or territory during a disaster. When a State or Territory VOAD fills out and sends the form to the National VOAD offices, a qualifying request is then shared with the NVOAD members and partners and other State & Territory VOADs to validate whether those products or services can be obtained and made available to the requesting state or territory.

Scope:

The focus of the information on the form is to identify the requesting state or territory as well as the particular products or services needed and the quantity needed for each request. Adequate room for explanation is available to help in understanding overall needs and requests.

Intended Audience:

The intended audience of this document includes National, State, Territory, Regional and Local VOAD's and Federal, State, Territory, Tribal and local emergency management agencies assisting with disasters in their area of responsibility.

Contact:

Once the requester completes the Disaster Assistance Request Form, it is forwarded to either of the following contacts at the National VOAD office for processing and completion.

April Dembeck, State & Territory VOADs, Program Associate
april@nvoad.org

Amelia Mendizabal, Member Services Manager
amelia@nvoad.org

Acceptance:

If a qualifying request can be matched to an organization or agency, the submitting VOAD will be notified via e-mail in order to make contact and plan steps to receive services and/or products.



Voluntary Organizations Active in Disaster Assistance Request

State VOAD Name:

SECTION 1: Contact Information					
Nature of Incident				Urgency	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Date		Time		Jurisdiction	
# of Homes/People Impacted				EOC Activated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Manager					
Primary Phone		Alt Phone		Email	
Emergency Management Response					
Requesting Agency/Organization					
Point of Contact		Phone #		E-Mail	

SECTION 2: Services Requested					
<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Elder Care	<input type="checkbox"/>	Organizational Mentoring
<input type="checkbox"/>	Animal Assistance/Shelter/Care	<input type="checkbox"/>	Emergency Financial Assistance	<input type="checkbox"/>	Power/Pressure Washing
<input type="checkbox"/>	Blankets	<input type="checkbox"/>	Emergency Repairs	<input type="checkbox"/>	Preparedness & Planning
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Emergency Supplies	<input type="checkbox"/>	Rebuilding
<input type="checkbox"/>	Chain Sawing	<input type="checkbox"/>	Emotional/Spiritual Care	<input type="checkbox"/>	Sandbagging
<input type="checkbox"/>	Childcare/Counseling	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Sanitization
<input type="checkbox"/>	Clean-up	<input type="checkbox"/>	Financial Services	<input type="checkbox"/>	Search and Rescue
<input type="checkbox"/>	Communications	<input type="checkbox"/>	Fiscal Agent Long Term Recovery	<input type="checkbox"/>	Short-term Econ Development
<input type="checkbox"/>	Community Outreach	<input type="checkbox"/>	Funeral Services	<input type="checkbox"/>	Shower/Laundry
<input type="checkbox"/>	Community Unmet Needs Assessment	<input type="checkbox"/>	Gutting	<input type="checkbox"/>	Support for Responders
<input type="checkbox"/>	Construction Estimating	<input type="checkbox"/>	Information	<input type="checkbox"/>	Technical Assistance
<input type="checkbox"/>	Coordination of Services	<input type="checkbox"/>	Listening/Referral	<input type="checkbox"/>	Therapy Animals
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Long Term Recovery	<input type="checkbox"/>	Translation Services
<input type="checkbox"/>	Credit Counseling	<input type="checkbox"/>	Mass Care	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Critical Incident Stress Debriefing	<input type="checkbox"/>	Mass Feeding (Fixed)	<input type="checkbox"/>	Volunteer Services/Coordination
<input type="checkbox"/>	Damage Assessment	<input type="checkbox"/>	Mass Feeding (Mobile)	<input type="checkbox"/>	Volunteer Reception
<input type="checkbox"/>	Debris Removal	<input type="checkbox"/>	Mass Sheltering	<input type="checkbox"/>	Warehousing
<input type="checkbox"/>	Distribution of Goods	<input type="checkbox"/>	Mental Health Crisis Counseling	<input type="checkbox"/>	Other
<input type="checkbox"/>	Disaster Health Services	<input type="checkbox"/>	Mitigation Guidance	<input type="checkbox"/>	Other
<input type="checkbox"/>	Disaster Welfare Inquiry	<input type="checkbox"/>	Muck out	<input type="checkbox"/>	Other
<input type="checkbox"/>	Donations Management	<input type="checkbox"/>	Organizational Capacity Planning	<input type="checkbox"/>	Other

Needed		Quantity	
Needed		Quantity	

Information taken by:	Phone:	Date/Time:
Organization:	Position:	

SECTION 3: Detailed Description

Delivery/Reporting Location					
Receiving POC		Phone #		E-Mai:	

SECTION 4: VOAD EMERGENCY MEETING/CONFERENCE CALL

Date		Time		Location	
Conference #			Conference ID		

SECTION 5: COORDINATION CALL COMPLETION

Was Request Filled	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why		Date	
Agency/Organization Responding					
Services Provided					
# of Volunteers Mobilized		# of Volunteer Hours		<input type="checkbox"/>	
Additional Comments					
Completed By		Date:		Copies Given:	<input type="checkbox"/> Yes <input type="checkbox"/> No

* After completed, copies should be supplied to the requestor, the agency/organization that filled the request, and the emergency manager (if applicable).