



**Cuyahoga County
Voluntary Organizations
Active in Disaster**

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

Membership Application

Agency/Organization	
Name of Organization	
Address	
Type of Organization	<input type="checkbox"/> Non-profit organization 501(c)(3)
	<input type="checkbox"/> Non-profit organization
	<input type="checkbox"/> Government agency
	<input type="checkbox"/> Foundation
	<input type="checkbox"/> Faith-based organization
	<input type="checkbox"/> Educational or research institution
	<input type="checkbox"/> Community-based organization
	<input type="checkbox"/> Business or private corporation
	<input type="checkbox"/> Other (Please Specify)

Membership Category	
<i>Please choose one.</i>	
<input type="checkbox"/>	<p>Voting</p> <ul style="list-style-type: none"> • Votes on policy and procedural issues • Representative may be an officer, committee/subcommittee chair, or working group leader • Belongs to at least one committee, subcommittee, or working group • Representative attends meetings regularly • Completes training as applicable • Keeps contact information for three representatives up-to-date • Establishes a memorandum of understanding • Receives COAD communications
<input type="checkbox"/>	<p>Network</p> <ul style="list-style-type: none"> • Does not vote on policy and procedural issues • Representative may not be an officer, committee/subcommittee chair, or working group leader. • Should belong to at least one committee, subcommittee, or working group • Should attend meetings • Completes training for desired level of involvement • Keeps contact information for three representatives up-to-date • Should establish a memorandum of understanding • Receives COAD communications

Mission	

Contact #1	
Name	
Title	
E-mail	
24/7 Cell Phone	
Work Phone	
Fax	

Contact #2	
Name	
Title	
E-mail	
24/7 Cell Phone	
Work Phone	
Fax	

Contact #3	
Name	
Title	
E-mail	
24/7 Cell Phone	
Work Phone	
Fax	

Authorization

The agency/organization named above desires to be a member of Cuyahoga County COAD and agrees to support its policies, procedures, and guidelines as posted at <http://ja.cuyahogacounty.us/en-US/coad.aspx>.

* * * Membership in COAD does not constitute a commitment of resources. * * *

Name Printed	
Title	
Signature	
Date	

- Address questions to Sharon Nicastro, snicastro@sbcglobal.net, 216-469-0805.

- Submit application by one of the following methods:
 - Scanning and emailing to snicastro@sbcglobal.net.
 - Mailing to COAD, c/o Cuyahoga County Office of Emergency Management, 9300 Quincy Avenue, 2nd Floor, Cleveland, OH 44106
 - Hand-delivering at a meeting.