

Idaho VOAD Initial or Renewal Partnership Application

This application for Idaho VOAD Partnership is submitted to IDAVOAD with the support of the applicant's Board of Directors.

Organization Information

Organization Name			
Mailing Address			
Physical Address			
Office Phone		Fax number	
Contact			
Title			
Cell Phone			
Home Phone			
E-Mail		Alternate E-Mail	
Daily Office Hrs			
Local Website	www. _____		

#2 Contact Person

Contact Name			
Title			
E-Mail		Alternate E-Mail	
Office Phone		Cell Phone	
Fax Number		Home Phone	
Mailing Address			

#3 Contact Person (Optional)

Contact Name			
Title			
E-Mail		Alternate E-Mail	
Office Phone		Cell Phone	
Fax Number		Home Phone	
Mailing Address			

Idaho VOAD Partnership Agreement

_____, hereinafter referred to as “We”, would like to work cooperatively with the Idaho Voluntary Organizations Active in Disaster (IDAVOAD).

1. We accept the purpose and program of IDAVOAD as set out in IDAVOAD By-Laws and subscribe to the same principles for our organization.
2. We recognize and agree to implement the National Incident Management System (NIMS) which includes:
 - **Adoption of the basic tenets of the Incident Command System (ICS):**
 - *Agree to concept of multi-organization coordination for emergency management.*
 - *Recognize and participate in Public Information process.*
 - **Preparedness including:**
 - *Planning, Training and Exercise*
 - *Personnel qualification and certification*
 - *Equipment acquisition and certification (as applicable)*
 - *Mutual Aid agreements*
3. We have a mission and/or by-laws that support a statewide scope and purpose, have a purpose in disaster preparedness, response, relief, recovery, and mitigation, and have a stated policy of commitment of resources to meet the needs of people affected by disaster without discrimination.
4. We understand that we will maintain the partnership without vote. Any number of representatives may attend regular and annual meetings. Partners may be appointed to committees and hold office in those committees, excluding the Executive Committee.
5. We accept our responsibility to maintain and provide IDAVOAD with a copy of our 24 hour contact information with this application and annually as requested thereafter. We agree to keep IDAVOAD advised of changes.
6. IDAVOAD agrees to act as catalyst to ensure appropriate operational responses in all phases (preparedness, response, recovery, mitigation) while being diligent in not assuming an operational role itself.
7. This application is submitted effective _____. It will expire on _____ at which time a renewal application should be submitted.

Submitted:

Approved:

Representative

President - IDAVOAD

Date

Date