

# Wyoming VOAD *Partner* Member Application

Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For office use only: Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check or reference #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

## Please Mail application & dues to:

## WYOMING VOAD

## P.O. Box 586

## Cheyenne, WY 82003

## Partner Member Agreement

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to work cooperatively with the Wyoming Voluntary Organizations active in Disasters (WY VOAD).

1. We accept the purpose and program of WY VOAD as set out in Wyoming VOAD By-Laws and subscribe to the same principles for our organization.
2. We agree to comply with the WY VOAD Standard Operating Procedures as they are adopted.
3. We recognize and agree to the concept of the National Incident Command System (NIMS) which includes:
	1. Adoption of the basic tenets of the Incident Command System (ICS):
		1. Agree to the concept of multi-organization coordination for emergency management.
		2. Recognize and participate in the public information process.
	2. Preparedness including:
		1. Planning, Training and Exercises
		2. Personnel qualification and certification
		3. Equipment acquisition and certification (as applicable)
		4. Mutual Aid agreements
4. 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.
5. We agree to designate an authorized representative to attend WY VOAD business and emergency meetings, though any number of representatives may attend any meetings. \*We understand an Authorized Representative of each voting member’s organization must attend at least 50 percent of the business and emergency meetings in a twelve-month period.
6. We understand that we will maintain the partnership with one vote for each organization. Partner Members may be appointed to committees and hold office in those committees, including serving on the Executive Committee with no bias, for or against any active VOAD member.
7. We understand as a Partner Member, we are required to pay annual dues, totaling $50, as explained in section IX.A.1. of the WY VOAD By-Laws. Annual dues will be collected on February 1 of each year.
8. We accept our responsibility to maintain and provide WY VOAD with a copy of our 24 hour contact information with this application and annually as requested thereafter. We agree to keep WY VOAD advised of changes.
9. WY VOAD agrees to act as a catalyst to ensure appropriate operational responses in all phases (preparedness, response, recovery and mitigation) while being diligent in not assuming an operational role itself.
10. This agreement is submitted effective . It will expire on January 31, at which time a renewal agreement should be submitted.

Submitted by: Date: Signature:

Approved by: Date: Signature:

**Organization & Contact Information**

This application for WY VOAD Associate membership status is submitted to WY VOAD with the support of the applicant’s Board of Directors or Organization Supervisors. If more contacts should be listed, please make a second copy of this page.

## Organization Information

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Mailing Address** |  |
| **Physical Address** |  |
| **Local Website** |  |
| **National Website** |  |

**Primary Contact (Primary Voting Member – voting by proxy is permissible)**

|  |  |
| --- | --- |
| **Contact Name** |  |
| **Title** |  |
| **Email Address** |  |
| **Alternate Email** |  |
| **Phone # and Alternate #** |  |  |

**Secondary Contact**

|  |  |
| --- | --- |
| **Contact Name** |  |
| **Title** |  |
| **Email Address** |  |
| **Alternate Email** |  |
| **Phone # and Alternate #** |  |  |