



## **New Jersey Voluntary Organizations Active in Disaster (NJVOAD) Membership Application**

***NJVOAD's mission is to bring together New Jersey organizations active in disaster assistance, and to foster cooperation and coordination in preparedness, response, and recovery in order to offer more effective services to people and communities affected by disaster.***

In support of the mission, NJVOAD invites organizations with a similar mission and purpose to become members in order to provide better and more coordinated prevention, response and recovery services to individuals and communities throughout NJ. There are many benefits to be gained by becoming an active NJVOAD member:

- Increased capacity to provide more efficient services to victims of disasters;
- Better response to disasters through cooperation, communication, coordination and collaboration (the 4 C's which form the foundation for VOAD principles and missions throughout the nation);
- Networking and sharing of best practices with other individuals and organizations active in disaster response;
- Training resources and technical assistance available through NJVOAD.

### **Membership Options:**

Full Member status (voting member) may be granted to an organization, institution or other entity meeting the following qualifications:

- The organization shall have New Jersey statewide or multi-county capacity to respond to disasters and a presence and investment in disaster preparedness, response and/or recovery;
- The organization shall consist of voluntary memberships or constituencies and shall operate as a not-for-profit with tax-exempt status under the Internal Revenue Code;
- The organization shall have a disaster response program with a policy for commitment and/or distribution of resources and services without discrimination on the basis of gender, race, color, creed, national origin, age, marital or civil union status, disability, gender identity or sexual orientation;
- The organization's leadership (CEO, Executive Director, Board Chairperson) shall acknowledge involvement and support of membership in NJVOAD and name the Designated Representative in written correspondence on organizational letterhead.

Associate Member status (non-voting member) may be granted organizations with the capacity or interest in responding to disasters on a statewide, regional or local level:

- The organization shall have a disaster response program with a policy for commitment and/or distribution of resources and services without discrimination on the basis of gender, race, color, creed, national origin, age, marital or civil union status, disability, gender identity or sexual orientation;
- Chartered county, regional or local Voluntary Organizations Active in Disaster (VOAD) or Community Organizations Active in Disaster (COAD) are eligible for Associate membership.

Affiliate Member status (non-voting member) may be granted to any governmental organization or private sector partner with statewide disaster preparedness, planning, response or recovery operations (ie. Federal Emergency Management Agency [FEMA], New Jersey State Office of Emergency Management [NJOEM]).

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Membership Application**

Through completion of the membership application, the organization agrees to abide by the following conditions of membership:

1. We accept the mission and purpose of NJVOAD as set out in the NJVOAD bylaws and agree to work in a manner consistent with both.
2. We will maintain representation at routine and special membership meetings of the NJVOAD and participate in special events.
3. We agree to work in coordination with NJVOAD and appropriate government agencies when responding to a disaster.
4. We verify that we meet the conditions of membership for our type of membership as outlined in the NJVOAD bylaws.
5. If requested, we will provide a copy of our organization's constitution or charter and by-laws, our IRS recognition as a 501(c)(3) organization, or other documentation needed to verify the type of membership.
6. We accept responsibility to maintain and provide NJVOAD with accurate and up to date contact information for general contact purposes and emergency response activation.

Please retain this membership information for your records and complete the attached Membership Application Form. Please submit completed and signed Membership Applications to: [BusinessAdmin@njvoad.org](mailto:BusinessAdmin@njvoad.org)

Full Membership Applicants: Please note that your organization's leadership (CEO, Executive Director, Board Chairperson) is required to acknowledge involvement and support of membership in NJVOAD and name the Designated Representative in written correspondence on organizational letterhead. Please include this correspondence with your application.

**New Jersey Voluntary Organizations Active in Disaster (NJVOAD)  
Membership Application Form**

<b>Legal Name of Organization:</b>	
Membership Type:	<input type="checkbox"/> Full Member <input type="checkbox"/> Associate Member <input type="checkbox"/> Affiliate Member
Organizational Leader Name:	
Organizational Leader Title:	
Mailing Address:	
City, State, Zip:	
Office Telephone:	
E-mail Address:	
Website:	

	<b>NJVOAD Representative Information:</b>	<b>Alternate Representative Information:</b>
Name:		
Mailing Address :		
City, State, Zip:		
Office Telephone:		
Mobile Telephone:		
E-mail Address:		

Is the organization a member of the National VOAD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organization's Mission Statement:	
What Phases of the Disaster Cycle does your organization support (check all that apply):	<input type="checkbox"/> Preparation <input type="checkbox"/> Response <input type="checkbox"/> Recovery <input type="checkbox"/> Mitigation
Please list the disaster services and/or mass care supports your organization provides:	
<i>Please attach a copy of your organizational disaster service plan if applicable.</i>	

**By signature below, the Authorized Organizational Leader commits to meeting the conditions of membership as outlined in the application and in the NJVOAD bylaws, and attests that the information contained in this application is accurate and true to the best of his/her knowledge.**

\_\_\_\_\_  
Authorized Organizational Representative Signature

\_\_\_\_\_  
Position / Title

\_\_\_\_\_  
Date