



TOOELE RESPONDS

TOOELE RESPONDS ORGANIZATION APPLICATION

Organization Name:	Physical Address:
Contact Name:	Mailing Address:
E-mail address:	Phone Number:
Secondary Contact Name	Secondary E-mail address
Secondary Phone Number:	
Tertiary Contact Name:	Tertiary E-mail Address:
Tertiary Phone Number:	

Specialized Skill or Resource	Yes or No	Details
Sheltering		
Food		
Clothing		
Volunteers		
Medical/First Aid		
Client Advocacy		
Mental Health		
Physical Health		
Spiritual Health		
Animal Care		
Legal Counseling		
Real Estate		
Temporary Housing		
Permanent Housing		
Skilled Labor		
Building Supplies		
Transportation		
Waste Management		
Warehouse/Storage		
Goods Distribution		
Financial Counseling		
Casework Management		
Computer Skills		
Child Care		
Office skills		
Other		

Is your organization willing to contribute to relief efforts in areas outside your Community VOAD? _____ Yes, it is ok to share our information. _____ No, please keep this only for Community VOAD purposes.

Is your agency willing to share your Membership Resources information with other organizations providing disaster assistance? (i.e. Church groups, businesses, VOAD, Tooele Responds, etc)

_____ Yes, it is ok to share our information. _____ No, please keep this only for Community purposes.