



**Rush County Community Organizations**  
**Active in Disaster**  
**(RC-COAD)**  
Agency Resource Registration

## COAD Agency Resource Registration

The purpose of this resource sheet is to assist in the coordination of emergency response and recovery efforts of community organizations. This coordination will maximize the efficiency of participating organizations, prevent the duplication of services and speed recovery.

**All information is required**

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**24-Hour Point of Contact Person(s):**

Primary	Secondary	Tertiary
Name: _ Office #: _ Cell #: _____ Pager/Txt Msg: _ Service Provider: _____ Email: _ Home Address (Optional): _____ HAM Call Sign: _ Other: _____  _____	Name: _ Office #: _ Cell #: _____ Pager/Txt Msg: _ Service Provider: _____ Email: _ Home Address (Optional): _____ HAM Call Sign: _____  Other: _____  _____	Name: _ Office #: _ Cell #: _____ Pager/Txt Msg: _ Service Provider: _ Email: _ Home Address (Optional): _ HAM Call Sign: _____ Other: _____  _____

**Level of Involvement (Please check all that apply):**

- i. \_\_\_\_\_ COAD ORGANIZATION: KEEP AN UPDATED RESOURCE SHEET ON FILE WITH THE COAD. AFTER A DISASTER, REPORT OPERATIONAL STATUS TO THE COAD COORDINATOR OR FUNCTIONAL LEAD ORGANIZATION. MAINTAIN



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RECORDS OF EMERGENCY ACTIONS AND EXPENDITURES. MONTHLY MEETING ATTENDANCE NOT REQUIRED.

- ii. \_\_\_\_\_ *FUNCTIONAL LEAD ORGANIZATION (FLO)*: AFTER A DISASTER, COORDINATE RESOURCE REQUESTS FOR ASSIGNED FUNCTIONAL AREA SUCH AS FOOD, CLOTHING, DONATED GOODS, EMOTIONAL/SPIRITUAL SUPPORT, AND VOLUNTEER MANAGEMENT. MONTHLY MEETING ATTENDANCE NOT REQUIRED.
- iii. \_\_\_\_\_ *COAD STEERING COMMITTEE*: PARTICIPATE IN PLANNING, COORDINATING, INVITING NEW MEMBERS, AND OUTREACH TO OUR COMMUNITY. MONTHLY MEETING ATTENDANCE REQUIRED.

**What area(s) does your organization serve Service(i.e. Carthage, City of Rushville, Milroy, etc):**

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**Is your organization willing and able to provide services outside of this area? Yes No**

**Population served (i.e. Low income, specific area, age group, etc):**

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**Please tell us what services in the community your organization provides.**

**How many people does your organization serve?** \_\_\_\_\_

**Does your organization provide services in a language other than English?**    Yes    No  
 If so, list the language(s)

\_\_\_\_\_

**Does your organization use volunteers?**    Yes    No

**If not, would staff be used to provide services?**    Yes    No

**Does your organization have a volunteer coordinator(s)?**    Yes    No  
 If yes, please list their name(s) and contact information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has your organization's staff or volunteers received training in any of the following?** (circle all that apply)

- Basic First Aid      CPR/AED      Disaster Response      Community Preparedness  
 Volunteer Management Training  
 Other:

\_\_\_\_\_

**Would you be willing to hold training/meetings in your facilities?**    Yes    No  
**Please check the capability that your organization may provide in times of disaster.**

Capability	Yes	No	Please list any additional information/services
Animal Services			
Building Materials			



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Case Work			
Chain Saw Team			
Child Care			
Clearing Materials			
Clothing			
Communication Equipment			
Debris Removal			
Disaster Financial Assistance			
Disaster Stress Mgmt			
Donation Mgmt			
Dry Wall Removal			
Emotional/Spiritual Support			
Food Distribution			
Heavy Equipment			
Household Goods			
Interpreters (specify)			
Incident Mgmt Team			
Information and Referral			
Long Term Recovery			
Mass Feeding			
Pantry Operations			
Pet/Animal Ops			
Point of Distribution Team			
Portable Generators			



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Roof Repairs (Tarps)			
Safety Training			
Shelter Management			
Strike Teams			
Temporary Housing			
Transportation (vans, buses, etc.)			
Unaffiliated Volunteer Mgmt.			
Unsolicited Donations			
Warehouses			
Disaster Readiness Plan			

**List any other services your organization could provide including equipment:**

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**Eligibility (i.e. emergency needs caused by disaster, no restrictions, specific age group, etc):**

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**Restrictions on services you provide:**

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**Referral Procedure (specific contact number, forms to be filled out):**

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**Other Resources:**

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**Does your organization have a current disaster preparedness, response and recovery plan for your employees, volunteers, clients, and assets in an emergency**      **Yes**  
**No**

**Does your organization have a plan for how you will mobilize your organization to support community disaster response and recovery efforts?**      **Yes**      **No**

I consent to have our organization contacted by COAD and its participating organizations and asked to provide appropriate assistance, as described in the "What services can your agency provide during a disaster?" section, to disaster response and recovery operations. I agree to coordinate our disaster response and recovery activities with other involved organizations, in accordance with the COAD Emergency Plan.

Signature of Agency Head/Executive

Date



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Print Name

Title

**Membership Commitment**

A membership commitment between \_\_\_\_\_ and RC-COAD.

\_\_\_\_\_ would like to work cooperatively with the Community Organizations Active in Disaster (COAD) of Rush County.

1. We accept the purpose and program of COAD and subscribe to the principles of the COAD.
2. We have a disaster program to commit resources to meet the needs of people affected by disasters without discrimination.
3. We will participate in conferences and/or other meetings and participate in COAD activities/exercises.
4. We will keep COAD informed of any changes in our staff. This will include phone numbers, fax numbers, and email addresses for points of contacts in our organization. We agree to keep COAD advised of any operational changes as it pertains to disaster readiness in our organization as well.
5. We understand that this is a continual agreement effective and remaining in effect until one party or the other requests a discontinuation.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Signature of COAD Office



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Printed Name

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Printed Name

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Date

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Date