

COAD NAME: _____

PLEASE PRINT AND PROVIDE TWO CONTACT NAMES

Organization Name _____

Physical Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Website Address: _____

1. Contact Name _____ Title _____ Email _____

Primary Phone (____) _____ 24 Hr Phone (____) _____ Ham Call Sign _____

2. Contact Name _____ Title _____ Email _____

Primary Phone (____) _____ 24 Hr Phone (____) _____ Ham Call Sign _____

Does your organization already have an identified role in disasters? ___ Yes ___ No

If Yes, What is the organization's role? _____

Approximately how many people from your organization can assist during an emergency or disaster? _____

Is fingerprinting and background checks performed on staff/members for both paid and volunteers? ___ Yes ___ No

Does your organization carry general liability insurance to cover staff/volunteers? ___ Yes ___ No

Please check all that apply to your organization.

INCIDENT/EVENT LOCATIONS

___ Home City (i.e., 1 or more neighborhoods affected)

___ County (i.e., city or county affected)

___ Southern California Counties (i.e., Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San

Luis Obispo, Santa Barbara, Ventura)

___ Statewide (i.e., Southern and Northern California)

___ National (i.e. Within the United States and its territories)

___ Other _____

Additional Comments:

ORGANIZATION ACTIVATION PROTOCOL

1. Who can activate your organization?

2. What is the protocol/procedure to activate your organization?

3. How much notice does your organization need to activate?

COAD NAME: _____

ORGANIZATION NAME: _____

Please check all resources/services your organization can provide in the event of an emergency or disaster. Use backside of page for more details and/or resources/services.

ANIMAL CARE (ESF-6)

- Veterinarian Veterinary Technician
 Animal Rescue Animal Sheltering
 Animal Food Transport Equipment

COMMUNICATIONS (ESF-2)

- CB Operator(s) # _____ Ham Operator(s) # _____
 Call Center Management
 Operators # _____
 Language Translation
 Language(s) _____
 Public Information

DEBRIS REMOVAL (ESF-3)

- Commercial/Industrial
 Inside Outside
 Residential
 Inside Outside

DONATIONS MANAGEMENT (ESF-17)

- Clothing Furniture
 Funds Other _____

LONG-TERM RECOVERY (ESF-14)

- Housing Assistance (Shelter, Vouchers, etc.)
 Legal Assistance, Advocacy, Referrals
 Social Work Referrals/Resources

MASS CARE (ESF-6)

- Access and Functional Needs
 Population Type _____
 Child Care
 Food Distribution # _____ Meals/Day
 Food Preparation # _____ Meals/Day
 Food Supplies # _____ Meals/Day
 Shelter Facilities Shelter Set-Up Support
 Storage/Warehousing
 Capacity _____

MEDICAL/HEALTH/ACCESS & FUNC. NEEDS (ESF-8)

- Doctor(s)
 Type _____
 Nurse(s)
 Type _____
 Memorial Services
 Type _____
 Mental Health Counseling
 Type _____
 # Counselors _____
 Emotional & Spiritual Care
 Type _____
 # Counselors _____

RESOURCE SUPPORT – TRADES/SERVICES (ESF-7)

- Architect
 Type _____
 Construction
 Type _____
 Contractor
 Type _____
 Damage Assessment
 Type _____
 Electrical
 Type _____
 Engineering
 Type _____
 Heating, Ventilating and Air Conditioning (HVAC)
 Type _____
 Plumbing
 Type _____
 Roofing
 Other _____

RESOURCE SUPPORT - EQUIPMENT (ESF-7)

- Equipment
 Type(s) _____
 Event Supplies
 Type(s) _____
 Information Technology
 Type(s) _____
 Office Equipment/Supplies
 Type(s) _____
 Vehicle(s)
 Type(s) _____
 Other _____

TRANSPORTATION (ESF-1)

- People
 Type _____
 Supplies _____
 Type _____
 Equipment _____
 Type _____
 Other _____

VOLUNTEER MANAGEMENT (ESF-17)

- Pre-registered Volunteers
 Registration of Spontaneous/Walk-up Volunteers)

OTHER _____