

Berkshire County and Pioneer Valley COAD Membership Form

Name of Organization/Program/ Place of Worship	Organization Address	Organization Phone

	Name	Email	Phone
Primary Emergency Contact Representative for COAD meetings? Y N			Day: Eve: Cell:
Second Emergency Contact Representative for COAD meetings? Y N			Day: Eve: Cell:
Third Emergency Contact Representative for COAD meetings? Y N			Day: Eve: Cell:

County Area(s) Your Organization Serves (check all that apply)

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Berkshire | <input type="checkbox"/> Hampden | <input type="checkbox"/> Middlesex |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Hampshire | <input type="checkbox"/> Worcester |

Please Indicate Which Population Your Organization Serves:

- | | | |
|--|---|--|
| <input type="checkbox"/> All populations | <input type="checkbox"/> Emergency Responders | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Families | <input type="checkbox"/> Women | <input type="checkbox"/> Children |
| <input type="checkbox"/> Farm worker | <input type="checkbox"/> Homeless | <input type="checkbox"/> Immigrant |
| <input type="checkbox"/> Home-bound | <input type="checkbox"/> Persons with Special Needs | <input type="checkbox"/> Other (describe) low-income |

Please list languages other than English consistently available for the public:

Where Do You Provide Services

- | | | |
|--|---|--|
| <input type="checkbox"/> At the Site of the Disaster | <input type="checkbox"/> At our organization's location | <input type="checkbox"/> At the of home of the affected person |
|--|---|--|

By submitting this form, you are agreeing to be placed on our emergency notification list. Your contact information will only be shared with other COAD members and Mass 2-1-1. We will also place you on our meeting notification list for announcements of routine meeting dates, unless you check here:

_____ Please do not include me on the meeting notification list

Please submit the completed membership form electronically to:

Pioneer Valley memberships: coadpv@gmail.com

Berkshire County memberships: coadbc@gmail.com

Please check off the categories on the next page that best describe the kind of services you could provide during an emergency.

Goods

- Appliances
- Baby Goods
- Building Materials
- Clean Up Supplies
- Clothing
- Collection of Goods
- Delivery of Goods
- Durable Medical Equipment
- Eye Glasses
- Household Furnishings
- Household Goods
- Personal Care Items

Food

- Baby Food
- Food Bank
- Food Delivery
- Food Pantry
- Food Preparation
- Meals, Congregate
- Mobile Feeding/Home Delivery
- Water

Financial Assistance

- Fundraising/Donations Management
- Funeral Expenses
- Grants
- Home Repair Assistance
- Loans
- Medical Expenses
- Mortgage Assistance
- Rental Assistance
- Rental Deposits
- Transportation Vouchers
- Utility Assistance
- Vouchers for Meals, Clothing, Prescriptions

Debris Removal

- Chain Saw Labor
- Clean Up and Debris Removal
- Tree Removal

Repair/Rebuilding

- Home Reconstruction
- Electrical
- Emergency Repairs/Tarp
- Home Repair, Labor
- Plumbing
- Sanitation Services
- Weatherization

Volunteer

- Coordination
- Skilled Labor
- Unskilled Labor

Housing/Space

- Assisted Living
- Hotel/Lodging
- Office Space
- Senior Housing
- Shelter, Daytime Only
- Shelter, Overnight
- Storage or Warehouse Space
- Volunteer Housing

Care Services

- Adult Day Care
- Child Care/Camp
- Elder Care
- Respite Care
- Case Management

Professional Services

- Case Management
- Insurance Claim/Mediation Assistance
- Legal Services (Fee)
- Legal Services (Pro Bono)
- Publicity/PR
- Radio Communications
- Relocation Services
- Technical Assistance
- Training

Services for Special Populations

- Bilingual Services
- Immigrant Assistance
- Interpreters
- Sign Language Services
- Support Services for Special Needs
- Translators
- Veterans Assistance
- Vision Impairment Services

Transportation

- Accessible Transportation
- Auto Repair
- Gasoline
- Trucks

Health Care &

Spiritual/Emotional/Mental Health

- Counseling
- Crisis Intervention
- Mediation
- Pastoral Care
- Dental Services
- Medical Services
- Preparedness/Well-being Checks

Animal Care

- Boarding
- Lost Animal Information
- Pet Care Services

If you'd like to provide more information than the check boxes can capture, please describe your services here: