



**Dallas County**  
Voluntary Organizations  
Active in Disaster

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

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# Membership Application Documents

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Application forms and requirements for becoming a member  
of the Dallas County Voluntary Organizations Active in Disaster



# Dallas County Voluntary Organizations Active in Disaster

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## Member Application

This Member Application is submitted to Dallas County Voluntary Organizations Active in Disaster (Dallas County VOAD) with the support of the Applicant's Board of Directors.

<b>Applicant/Organization</b>	
<b>Name of Organization:</b>	_____
<b>Address:</b>	_____
<b>City / State / Zip:</b>	_____
<b>Person Completing Application and Title:</b>	_____
<b>Phone / Fax:</b>	(        )        -        (        )        -
<b>Email:</b>	_____
<b>Web site:</b>	_____
<b>NVOAD Member</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Countywide in Scope of Disaster Work in Response and/or Recovery</b>	List names of any VOAD memberships here and attach proof of active membership.

The Applicant fully understands the Conditions and Criteria for Membership in Dallas County VOAD (Please refer to Dallas County VOAD Bylaws at [www.dallascountyvoad.org](http://www.dallascountyvoad.org)) and represents to Dallas County VOAD that the applicant organization complies with these criteria and agrees to:

1. Define the geographic area from which they solicit membership and in which they deliver services;
2. Adhere to and promote the purpose and principles of National VOAD and Dallas County VOAD as described in their respective By-Laws;
3. Promote and facilitate ongoing participation in Dallas County VOAD and VOAD activities;
4. Provide an Authorized Member Organization Representative (AMOR) and an Alternate Authorized Organization Member Representative (AAMOR) to the Dallas County VOAD Membership Meetings;
5. To be a Partner Member, must be active in one or more of the phases of emergency management such as response and/or recovery.

The following duly authorized representative of the Applicant hereby acknowledges that the information contained in this application is true and complete.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



## Membership Application Checklist

All applications must contain the following or they will be returned as an incomplete application.

- Membership Application
- Proof of active membership in local and/or regional VOADs (if applicable)
- A copy of the Applicant's Articles of Incorporation, By-Laws and Board of Directors with their affiliations
- A copy of the Applicant's 501(c)(3) tax exempt determination letter from the US Treasury Department
- Three (3) professional letters of reference (on letterhead): Requirement: one (1) reference from a local, city or county Office of Emergency Management, two (2) from North Texas 501c3 organizations.
- Disaster response plan and policy for commitment of resources to meet the needs of people affected by disaster without discrimination
- Member Resource Information Form
- Code of Conduct Form
- Consent to Serve Form

**All pages of the Member Application Documents should be mailed to:**

Nikki J. Beneke  
Membership Chairperson  
Dallas County VOAD  
3419 Westminster, Suite 310G  
Dallas, Texas 75205



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## Member Resource Information

### Part A

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(Name of Organization)

	Dallas County Authorized Member Organization Representative (AMOR)	Dallas County Alternate Authorized Member Organization Representative (AAMOR)	National Headquarters Contact (if applicable)
Name			
Title			
Address			
City, State, Zip			
Phone (Office)			
Phone (Mobile)			
Fax			
Email			

**Organization Function at the National Level (if applicable):**

**Local Dallas County Function:**

**Disaster Mission:**

Preparedness/readiness Capabilities:

Emergency Response/Relief Services/Resources:



## Member Resource Information

Page B

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(Name of Organization)

Organization's role in and/or resources available for Long Term Recovery:

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# Dallas County Voluntary Organizations Active in Disaster

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## Code of Conduct

I, \_\_\_\_\_ (*print name*), a Member of the Dallas County VOAD, affirm that:

**1. *The Humanitarian Imperative is the First Priority of Dallas County VOAD***

I recognize the right and privilege to offer humanitarian assistance, and the same for those who receive such, as a fundamental humanitarian principle which should be enjoyed by all. I will stand by my obligation to provide humanitarian assistance, in organized fashion, wherever it is needed. I recognize and uphold the prime motivation of Dallas County VOAD response to disaster as to alleviate human suffering among those least able to withstand the stress caused by such disaster. I recognize that when we give humanitarian aid, it is not a partisan, religious, or political act, and should not be viewed or construed as such.

**2. *The Highest Degree of Professionalism, Ethics, and Respect is Paramount in Dallas County VOAD***

I will act in accordance with standards of professional integrity. I will make every effort to avoid conflicts of interest. I will consider the interests of all clients and animals served and do hereby dedicate myself to their best interests and to helping them, recognizing that in some cases their interests may not align to my personal beliefs. I will not intentionally defame, malign, libel, or attempt to demean the character and/or reputation of any person or organization. I will not engage in nor condone harassment, discrimination, or inappropriate behavior in any form. I will endeavor to maintain an environment of respect and cooperation within this organization, its partners, and all other individual and organization associations.

**3. *The Aid Given and Aid Priorities Established are Without Discrimination and On a Needs Basis***

I uphold and will act in giving aid regardless of the race, creed, or nationality of the recipients, and without adverse distinction of any kind. I recognize that aid priorities are calculated on the basis of need alone, and wherever possible, the provision of which is based upon a thorough assessment of the needs of the disaster victims and the local capacities already in place to meet those needs, and will reflect considerations of proportionality. I recognize that provision of aid will reflect the degree of suffering it seeks to alleviate.

**4. *The Accountability of Both Those Assisted and Those Providing Resources Will Be Transparent***

I recognize that Dallas County VOAD is often in the position of an institutional link in the partnership between those who wish to assist and those who need assistance during disasters. I therefore hold myself accountable to both constituencies as a member of Dallas County VOAD, and further uphold that all dealings with donors and beneficiaries shall reflect an attitude of openness and transparency. I recognize the need to report on all assistance activities, both from a financial perspective as well as an effectiveness and efficiency perspective. I recognize and support the obligation of Dallas County VOAD to ensure appropriate monitoring and impact assessments of aid distributions and of disaster assistance.

**5. *The Sensitivity, Confidentiality, and Integrity of Information and Activity Within Texas VOAD is Critical***

I, while in the service of and upon separation from Dallas County VOAD, will legally and ethically maintain confidentiality of information received from clients, co-workers, individuals, and all related organizations. I will honor the trust of the public and my colleagues. I will refer inquiries for public and private information to the Dallas County VOAD President. I will attend Dallas County VOAD meetings regularly and keep informed of Dallas County VOAD activities, always treating information received from such active participation with discretion and sensitivity, with the intended purposes in mind, and will promptly disclose any issues to this effect to the Dallas County VOAD President as soon as possible.



HEREWITH, I, the undersigned, do hereby attest that I understand that violation of this Code of Conduct may be grounds for dismissal from membership in Dallas County VOAD, and that I have an obligation to report immediately any suspected violation by others of this Code of Conduct to the Dallas County VOAD President.

\_\_\_\_\_  
*Dallas County VOAD Member's Signature*

\_\_\_\_\_  
*Date*

*FOR RECEIVING OFFICER USE ONLY:*

*Date received* \_\_\_\_\_

*Received by* \_\_\_\_\_



## **Consent to Serve as a member of the Executive Committee and/or as a Partner Member Representative**

I \_\_\_\_\_ will perform the duties of a member of the Executive Committee and/or Partner Member (AMOR or AAMOR) for the Dallas County Voluntary Organizations Active in Disaster (VOAD) as defined by organization's bylaws. I will strictly treat all confidential information obtained in/through the course of my Dallas County VOAD functions as confidential. I recognize that in this capacity I must seek to advance the mission and interests of Dallas County VOAD and act on Dallas County VOAD's behalf only to the extent expressly provided in its bylaws and designated by its policies. I am not authorized to, and I shall not represent myself as authorized to, act contrary to or in excess of the authority so granted to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please type or print name

\_\_\_\_\_  
Credential(s) in preferred order

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

Preferred Mailing Address: Home \_\_\_\_\_ Office \_\_\_\_\_

\_\_\_\_\_  
Street

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City/State/Zip Code

Contact Information:

Home: ( ) \_\_\_\_\_ Office: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_