Staten Island Community and Interfaith Long Term Recovery Organization

Membership Form

Organization’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spiritual Leader/Executive Director/CEO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service that you provide to Sandy Affected Persons and/or relief organizations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did your organization form?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you meet regularly?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your mission statement?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many members are part of your organization?\_\_\_\_\_\_\_\_\_\_\_\_\_ How many people have you served?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Categories**

Muck Out\_\_\_ Rebuilding \_\_\_ Mold Remediation\_\_\_ Legal Services \_\_\_\_\_Health/Safety Training\_\_\_\_

Referral Services \_\_\_\_ Disaster Case Management \_\_\_\_ Housing Re-Location \_\_\_\_ Rental Assistance \_\_\_\_\_

Food \_\_\_ Clothing \_\_\_\_ Furniture \_\_\_\_ Health \_\_\_\_\_ Mental Health\_\_\_\_ Spiritual Care\_\_\_\_

Mortgage Assistance\_\_\_\_ Financial Assistance\_\_\_\_ Free Tax Assistance\_\_\_\_\_

Volunteer Housing\_\_\_\_Volunteer Coordination\_\_\_\_Volunteer Showers\_\_\_\_\_ Volunteers\_\_\_\_\_

Supplies\_\_\_\_ HUB\_\_\_\_ POD\_\_\_\_\_Elected Official\_\_\_\_\_Government Service Org.\_\_\_\_

Immigrant Services \_\_\_\_Senior Citizen Services \_\_\_\_ Disaster Preparedness\_\_\_\_\_

**Committee You Are Willing to Serve On**

Needs Assessment \_\_\_\_\_Mission, Structure, and Finance \_\_\_\_ Case Management\_\_\_\_\_Food\_\_\_\_ Clothing\_\_\_\_

Health, Mental Health, and Spiritual Care\_\_\_\_Mold Remediation\_\_\_\_ ReBuild\_\_\_\_ Volunteer Coordination\_\_\_\_

Policy, Advocacy, and Legal Services \_\_\_\_Immigrant Services \_\_\_\_\_ Disaster Preparedness\_\_\_\_\_

Government Relations\_\_\_\_Donations Management\_\_\_\_\_\_

Are you willing to sign a Confidentiality Memorandum of Understanding to protect client information that may be shared within the member groups of the LTRO as a result of client need requests and coordination of client services?

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Person Authorized to Sign In Date

This form may be mailed to Karen Jackson at 100 Park Ave. Staten Island NY 10302 or scanned and emailed to karen\_jackson@projecthospitality.org.