

**SAFER ST. LUCIE COUNTY**  
**Membership Application/Capability Assessment 2013**

|  |  |                    |  |               |                           |
|--|--|--------------------|--|---------------|---------------------------|
| <b>Name of Organization / Place of Worship/ Business:</b>  |  |                    |  |               |                           |
| <b>Address:</b>  |  | <b>City:</b>       | <b>State:</b>  | <b>Zip:</b>   | <b>County:</b>            |
| <b>Office Phone:</b>   |  | <b>Office Fax:</b> | <b>Office Email:</b>   |               | <b>Hrs. of Operation:</b> |
| <b>Primary Contact:</b>  |  | <b>Title:</b>      | <b>Cell Phone:</b>   | <b>Email:</b> |                           |
| <b>Secondary Contact:</b>  |  | <b>Title:</b>      | <b>Cell Phone:</b>   | <b>Email:</b> |                           |
| <b>Please Indicate the Level Your Organization:</b><br><input type="checkbox"/> National Representative <input type="checkbox"/> State Representative<br><input type="checkbox"/> Local Representative   |  |                    | <b>Area(s) Your Organization Serves (check all that apply)</b><br><input type="checkbox"/> Indian River <input type="checkbox"/> Martin<br><input type="checkbox"/> St. Lucie <input type="checkbox"/> Okeechobee <input type="checkbox"/> Other _____ |               |                           |
| <b>Please Indicate Which Population Your Organization Serves:</b><br><input type="checkbox"/> All <input type="checkbox"/> Seniors <input type="checkbox"/> Families <input type="checkbox"/> Women <input type="checkbox"/> Children <input type="checkbox"/> Farmworker <input type="checkbox"/> Homeless <input type="checkbox"/> Immigrant <input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Home-bound <input type="checkbox"/> Persons with Special Needs <input type="checkbox"/> Other (describe) _____ |  |                    |  |               |                           |

**Please add a brief description of your organizations disaster response capability:**

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**Please indicate the services your organization can provide post disaster**

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| <p><b><u>Food Services</u></b></p> <input type="checkbox"/> Food<br><input type="checkbox"/> Water<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Kitchens<br><input type="checkbox"/> Food Delivery<br><input type="checkbox"/> Pre-Disaster<br><input type="checkbox"/> Post- Disaster<br><input type="checkbox"/> Mobile Kitchen<br>___ # of vehicles<br><input type="checkbox"/> Food Vouchers<br><input type="checkbox"/> Food Pantry<br><input type="checkbox"/> Food Preparation<br><input type="checkbox"/> Onsite Meals | <p><b><u>Resource Assistance</u></b></p> <input type="checkbox"/> In-Kind Assistance<br><input type="checkbox"/> Rental Assistance<br>___ # Days<br><input type="checkbox"/> Financial Assistance<br><input type="checkbox"/> FEMA / SBA Assistance<br><input type="checkbox"/> Insurance Claim /<br>Mediation Assistance<br><input type="checkbox"/> Personal Property<br>Replacement Assistance<br><input type="checkbox"/> Linens/Clothing/Misc<br>_____<br><input type="checkbox"/> Clean Up Kits<br><input type="checkbox"/> Building Materials<br>_____<br><input type="checkbox"/> Tarps | <p><b><u>Medical / Health Assistance</u></b></p> <input type="checkbox"/> Spiritual / Emotional Care<br><input type="checkbox"/> Mental Health Services<br><input type="checkbox"/> Crisis Counseling<br><input type="checkbox"/> Respite Care<br><input type="checkbox"/> Durable Medical Equipment<br><input type="checkbox"/> Medical Services<br><input type="checkbox"/> Prescription Vouchers /<br>Assistance<br>_____<br>_____<br>_____ | <p><b><u>Volunteer Management</u></b></p> ___ # of Volunteers<br><input type="checkbox"/> Volunteer Housing<br>___ # People can House<br><input type="checkbox"/> Showers<br><input type="checkbox"/> Kitchens<br><input type="checkbox"/> Bilingual Services<br>Languages _____<br><input type="checkbox"/> Sign language services<br><input type="checkbox"/> Coordination /<br>Management<br>_____<br>_____ |
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| <p><b><u>Individual and Family Services</u></b></p> <input type="checkbox"/> Case Management<br><input type="checkbox"/> Preparedness/Wellbeing checks<br><input type="checkbox"/> Pre-Disaster<br><input type="checkbox"/> Post-Disaster<br><input type="checkbox"/> Child Care/Camp<br><input type="checkbox"/> Adult Day Care<br><input type="checkbox"/> Advocacy | <p><b><u>Transportation Services</u></b></p> <input type="checkbox"/> Transportation<br><input type="checkbox"/> Accessible Transportation<br><input type="checkbox"/> Special Needs/ Elderly<br><input type="checkbox"/> Transportation Vouchers<br><input type="checkbox"/> Trucks<br><input type="checkbox"/> Vans<br><input type="checkbox"/> Boats / Air Boats<br><input type="checkbox"/> Auto Repair | <p><b><u>Emergency Services</u></b></p> <input type="checkbox"/> Debris Removal<br><input type="checkbox"/> Damage Assessment Teams<br><input type="checkbox"/> Home Repair Assistance<br><input type="checkbox"/> Major<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Emergency Repair/Tarp Teams<br><input type="checkbox"/> Chain Saw Teams<br><input type="checkbox"/> Radio/Communications<br><input type="checkbox"/> Pet Care / Services |
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**Please return to the Lisa Poziomek**  
**Fax: 772-778-5500    or    lisa.poziomek@redcross.org**

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**Please list any other service(s), or materials you are able provide that are not represented above:**

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**Please list any services, materials or supplies your company, organization or clients may need in a disaster:**

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**As an individual or business, I/We submit our application for membership with SAFER St. Lucie County, Inc. agreeing to participate in activities, workshops and meetings to help create a more resilient community. All of the statements in this application and capabilities statement are true and I/We will support the operations and activities of SAFER St. Lucie County to the best of our abilities and capabilities.**

**Signed**

**Date**

Please return to the Lisa Poziomek  
Fax: 772-778-5500 or [lisa.poziomek@redcross.org](mailto:lisa.poziomek@redcross.org)