



<http://www.ksvoad.org/>

# Kansas Voluntary Organizations Active in Disaster Registration Form

Date:

Your Agency:

Your Primary Demographic Area (but not limited to):

Your Contact Information:

Name:

Title:

Address:

Home Phone:

Office Phone:

Office Fax:

Cell Phone:

Email:

Pager:

Website:

Contact for your State Representative:

Name:

Title:

Address:

Office Fax:

Office Phone:

Home Phone:

Cell phone:

Pager:

Email:

Website:

Mission:

Type of Service:

Resources:

If a second page is needed, only fill out boxes needed (but include your name and agency), then email form again, stating 2nd page.