**Minnesota Voluntary Organizations Active in Disaster HSEM/MNVOAD: ASSISTANCE REQUEST**

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| **SECTION 1: Contact Information** |
| **Nature of Incident**  |  | **Urgency** | [ ] High [ ] Moderate [ ] Low  |
| **Date**  |  | **Time** |  | ( ) AM ( ) PM | **Jurisdiction**  |  |
| **# of Homes/People Impacted**  |  | **EOC Activated**  | [ ]Yes [ ]No  |
| **Emergency Manager** |  |
| **Primary Phone** |  | **Alt Phone** |  | **Email** |  |
| **Emergency Management Response** |  |
|  **Requesting Agency/Organization**  |  |
| **Point of Contact**  |  |  | **Phone #**  |  | **E-Mail**  |  |

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| **SECTION 2: Services Requested** |
|  | Advocacy |  | Donations Management |  | Organizational Mentoring |
|  | Animal Assistance/Shelter/Care |  | Elder Care |  | Power/Pressure Washing |
|  | Blankets |  | Emergency Financial Assistance |  | Rebuilding |
|  | Case Management |  | Emergency Repairs |  | Sandbagging |
|  | Chain Sawing |  | Emergency Supplies |  | Sanitization |
|  | Childcare/Counselling |  | Emotional/Spiritual Care |  | Search and Rescue |
|  | Clean-up |  | Equipment |  | Short-term Econ Development |
|  | Communications |  | Financial Services |  | Shower/Laundry |
|  | Community Outreach |  | Fiscal Agent Long Term Recovery |  | Support for Responders |
|  | Community Unmet Needs Assessment |  | Funeral Service Funds |  | Technical Assistance |
|  | Construction Estimating |  | Gutting |  | Therapy Animals |
|  | Coordination of Services |  | Information |  | Translation Services |
|  | Counselling |  | Listening/Referral |  | Transportation |
|  | Credit Counseling |  | Long Term Recovery |  | Volunteer Services/Coordination |
|  | Critical Incident Stress Debriefing |  | Mass Care |  | Volunteer Reception |
|  | Damage Assessment |  | Mass Feeding (Fixed) |  | Warehousing |
|  | Debris Removal |  | Mass Feeding (Mobile) |  |  |
|  | Distribution of Goods |  | Mass Sheltering |  |  |
|  | Disaster Education & Planning |  | Mental Health Crisis Counseling |  |  |
|  | Disaster Health Services |  | Muck out |  |  |
|  | Disaster Welfare Inquiry |  | Organizational Capacity Planning |  |  |

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| **Needed**  |  | **Quantity**  |  |
| **Needed** |  | **Quantity** |  |

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| **Information taken by:** **Phone:** **Date/Time:** |
| **Organization:** **Position:** |

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| **SECTION 3: Detailed Description**  |
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| **Delivery/Reporting Location**  |  |
| **Receiving POC**  |  | **Phone #**  |  | **E-Mai:**  |  |

 **SECTION 4: MN VOAD EMERGENCY MEETING/CONFERENCE CALL**

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|  **Date**  |  |  | **Time**  |   | [ ]AM [ ]PM | **Location**  |  |
| **Conference #**  |   |  | **Conference ID**  |  |

**SECTION 5: COORDINATION CALL COMPLETION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Was Request Filled**  | [ ]Yes [ ] No  | **If No, why**  |   | **Date**  |  |
| **Agency/Organization Responding**  |  |
| **Services Provided**  |  |
| **# of Volunteers Mobilized**  |  | **# of Volunteer Hours**  |  |
| **Additional Comments**  |  |  |  |
|  |
| **Completed By**  |   | **Date:**  |  |  | **Copies Given:**  | [ ]Yes [ ]No |

*SUBMIT TO THE STATE DUTY OFFICER \* After completed, copies should be supplied to the requestor, the agency/organization that filled the request, local emergency manager, and the HSEM Volunteer Resources Coordinator. August 11, 2020*