



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

| SECTION 1: Contact Information |      |              |               |         |  |
|--------------------------------|------|--------------|---------------|---------|--|
| Nature of Incident             |      |              |               | Urgency |  |
| Date                           | Time | Jurisdiction |               |         |  |
| # of Homes/People Impacted     |      |              | EOC Activated |         |  |
| Emergency Manager              |      |              |               |         |  |
| Primary Phone                  |      | Alt Phone    |               | Email   |  |
| Emergency Management Response  |      |              |               |         |  |
| Requesting Agency/Organization |      |              |               |         |  |
| Point of Contact               |      | Phone #      |               | E-Mail  |  |

| 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 Services                 | 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 |                                 |  |

|               |  |                 |  |
|---------------|--|-----------------|--|
| <b>Needed</b> |  | <b>Quantity</b> |  |
| <b>Needed</b> |  | <b>Quantity</b> |  |
| <b>Needed</b> |  | <b>Quantity</b> |  |
| <b>Needed</b> |  | <b>Quantity</b> |  |

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|                              |  |                  |  |              |  |              |  |
|------------------------------|--|------------------|--|--------------|--|--------------|--|
| <b>Information taken by:</b> |  | <b>Phone:</b>    |  | <b>Date:</b> |  | <b>Time:</b> |  |
| <b>Organization:</b>         |  | <b>Position:</b> |  |              |  |              |  |

**SECTION 3: Detailed Description**

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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|                                    |  |                |  |                |  |  |  |
|------------------------------------|--|----------------|--|----------------|--|--|--|
| <b>Delivery/Reporting Location</b> |  |                |  |                |  |  |  |
| <b>Receiving POC</b>               |  | <b>Phone #</b> |  | <b>E-Mail:</b> |  |  |  |

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

|                     |  |             |  |                      |  |  |  |
|---------------------|--|-------------|--|----------------------|--|--|--|
| <b>Date</b>         |  | <b>Time</b> |  | <b>Location</b>      |  |  |  |
| <b>Conference #</b> |  |             |  | <b>Conference ID</b> |  |  |  |

**SECTION 5: COORDINATION CALL COMPLETION**

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

*\* After completed, copies should be supplied to the requestor, the agency/organization that filled the request, and the emergency manager. August 11, 2020*

Please email this completed form to:

- State Duty Officer (required)
- HSEM Volunteer Resources Coordinator (HSEM.volunteerresources.DPS@state.mn.us)
- HSEM Regional Program Coordinator
- MNVOAD
- Local Emergency Manager

Coordination Call: (scheduled by MNVOAD)

- Someone from the jurisdiction completing this form should attend every call to ensure that MNVOAD has accurate situational awareness.
- Coordination Call usually occurs in a remote meeting format with the option of telephone participation.

THANK YOU!