

**Fairfax County
Community Resiliency Group (CRG)**

**Participant Organization Resource/Capability
Acknowledgment**

A Fairfax County Community Resiliency Group (CRG) Participant Organization provides recovery communications, volunteers, and/or resources for a local emergency. *Although not binding*, this document acknowledges a Participant Organization’s communication, volunteer and resource capabilities *that may be available in the event of a local emergency*. The Participant Organization’s capabilities are maintained in a database managed by Volunteer Fairfax and coordinated through the Fairfax County Office of Emergency Management’s Volunteer and Donation Annex.

Please complete this form and sign on the third page. Please mail or email as indicated below.

Mail to:
Volunteer Fairfax
Emergency Coordinator
10530 Page Ave, Fairfax, VA 22030

Email to:
emergency@volunteerfairfax.org

Direct questions to the Volunteer Fairfax Emergency Coordinator at:
703 246 3460
emergency@volunteerfairfax.org

Please complete and sign the three page document in order to become a CRG Participant Organization.

1. Please enter your organization’s contact information as indicated below:

Organization Name: _____

Primary Contact First and Last Name: _____

Position title within Participant Organization: _____

Primary Contact Email: _____

Primary Contact Phone Number: _____

Primary Contact Address: _____

Organization Email (if applicable): _____

Organization Phone Number: _____

Organization's Principle Address (including zip code) :

Fairfax County Supervisor District of Principle Address (if known) (i.e. Sully, Mason, Hunter Mill)

Secondary Contact Name and Position title: _____

Secondary Contact Email: _____

Secondary Contact Phone Number: _____

2. What type of organization do you represent?

- Homeowner Association _____
- Tenant Association _____
- Civic Association _____
- House of Worship _____
- Nonprofit _____
- Community Based Organization _____
- School _____
- School Related Group _____
- Business/Private Industry _____
- Volunteer Organization _____
- Other (please describe) _____

3. Some organizations provide services or have members in multiple Fairfax County Supervisor Districts. Check all Districts in which you serve and/or have members.)

- Braddock _____
- Dranesville _____
- Hunter Mill _____
- Lee _____
- Mason _____
- Mount Vernon _____
- Providence _____
- Springfield _____
- Sully _____
- Do Not Know _____

4. Approximately how many individuals and households does your organization represent or serve?

- a. Individuals _____
- b. Households _____

5. Resources and Capabilities:

**Please check all resources and capabilities your organization can provide within 2 days to assist with a local emergency. If you have available resources and capabilities not included on this list please write them next to "other."*

- ____ A. Transportation (4-wheel drive vehicles, buses, vans, large trucks, etc.)
 - ____ B. Generators
 - ____ C. Financial assistance
 - ____ D. Food
 - ____ E. Food Preparation
 - ____ E. Clothing
 - ____ F. Food/Clothing Drive
 - ____ G. Resource Distribution System (i.e. food, clothing, financial assistance)
 - ____ H. Storage space
 - ____ I. Tools (shovels, pry bars, saws, chainsaws, wheel barrels, etc.)
 - ____ J. Commercial Refrigerators
 - ____ K. Commercial Washers/Dryers
 - ____ L. Household/Personal care items
 - ____ M. General volunteers
 - ____ N. Translators (specify language(s))
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- ____ Q. Communication Networks (email, listserve, newsletter, CB Radio, Assessors, etc.)
 - ____ S. Large parking lot
 - ____ T. Licensed childcare services
 - ____ U. Counseling services (specify) _____
 - ____ V. Other
-

6. Approximately, how many staff members or volunteers could your organization provide for your designated recovery resources and

capabilities? Staff _____ Volunteers _____

7. _____

(Name of Organization)

agrees to participate as a Fairfax County Community Resiliency Group (CRG) Participant Organization; and, to receive requests for supplies, volunteers, and outreach to assist with local and regional disaster recovery.

Authorized Participant Organization Representative

Print Name:

Signature _____

Date
