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))

__________________
___ 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

______________________________________________________________