



**City of Lynchburg Disaster Recovery Group
Membership Application**

Each participating faith-based, non-profit, governmental, business, and/or other organization and agency providing financial support, material, and/or labor for the work of City of Lynchburg Disaster Recovery Group is considered eligible for membership to the Organization.

Organization Name:

Mailing Address:

Primary Phone:

Primary Contact

Name:

Mailing Address:

Primary Phone:

Secondary Phone:

Email:

Secondary Contact

Name:

Mailing Address:

Primary Phone:

Secondary Phone:

Email:

Resources:

Please list items or services your organization may be able to offer to the community when requested.

- | | |
|--|--|
| <input type="checkbox"/> Volunteer Labor (on site) | <input type="checkbox"/> Money |
| <input type="checkbox"/> Building Supplies | <input type="checkbox"/> Volunteer Labor (agency time) |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Other (please list) | |

This is to certify that all individuals associated with _____ (organization name) and working with City of Lynchburg Disaster Recovery Group (CLDRG) understand that any information (written, verbal, electronic, or other) obtained during the performance of my interaction with CLDRG must remain strictly confidential. This includes all information about members, clients, families, employees, and other associate organizations, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and possible liability in any legal action arising from such breach.

Signature of Organization Representative

Date

Approval Date (internal use only)