



EMERGENCY NETWORK OF LOS ANGELES

2017 New Member Application Packet

MEMBERSHIP CRITERIA

Any nonprofit, community-based, or faith-based organization that has a disaster/emergency-related function in Los Angeles County is eligible to be a voting member of ENLA. Any such government agency or private sector business is eligible to be a non-voting member of ENLA.

INSTRUCTIONS

To apply, please [download](#) this membership application packet and follow the steps outlined below. We look forward to receiving your application!

[Step #1: Organizational Information Sheet](#)

Complete the "Organizational Information" sheet on page 2.

[Step #2: Disaster Mission Statement Worksheet](#)

Use the "Disaster Mission Statement Worksheet" on page 4 to create your organization's individualized Disaster Mission Statement. Have your organization's governing body approve your Disaster Mission Statement. Once approved, type your Disaster Mission Statement in the space provided on the template.

[Step #3: Statement of Understanding](#)

Fill out and sign the "Statement of Understanding" on pages 5 and 6. Please note: you will receive a countersigned copy of the understanding after your completed membership application packet has been processed.

Step #5: Checklist

Attach the supplemental application materials outlined on page 7 and complete the Checklist.

Step#6: Submit

Mail the completed packet to:

**Emergency Network of Los Angeles
Attn: Nathan Wolfstein
19040 Vanowen Street,
Reseda, CA 91335**

Step #1: Organizational Information Sheet

Our organization is applying as:

- | | |
|--|---|
| <input type="checkbox"/> voting member of ENLA
<i>Any nonprofit, community-based, or faith-based organization that has a disaster/emergency-related function in Los Angeles County is eligible to be a voting member of ENLA.</i> | <input type="checkbox"/> non-voting member of ENLA
<i>Any such government agency or private sector business is eligible to be a non-voting member of ENLA.</i> |
|--|---|

Membership dues = \$100 if agency annual revenue exceeds \$250,000, \$50 if revenue is below \$250,000

Make all checks payable to: LA Regional Food Bank - ENLA Account

Mailing Address:

**Emergency Network Los Angeles
Attn: Nathan Wolfstein
19040 Vanowen Street,
Reseda, CA 91335**

Annual revenue:

- | | |
|--|---|
| <input type="checkbox"/> less than \$250,000 | <input type="checkbox"/> greater than \$250,000 |
|--|---|

Amount enclosed: \$ _____

Legal Name of Organization/Business: _____

Address: _____ Phone: _____

Website: _____ Fax: _____

Name of Executive Director/Senior Director/Senior Clergy: _____

Primary Liaison to ENLA: _____ Liaison Phone: _____

Liaison E-mail: _____ Liaison Fax: _____

Secondary Contact: _____ Secondary Phone: _____

We are located in Disaster Management Area (DMA) *

- | | |
|--|--|
| <input type="checkbox"/> Area A - Beverly Hills, Culver City, Santa Monica, West Hollywood | <input type="checkbox"/> Area E - Artesia, Bell, Bell Gardens, Bellflower, Carson, Cerritos, City of Commerce, Compton, Cudahy, Downey, Hawaiian Gardens, Huntington Park, La Habra Heights, La Mirada, Lakewood, Lynwood, Maywood, Montebello, Norwalk, Paramount, Pico Rivera, Santa Fe Springs, South Gate, Vernon, Whittier |
| <input type="checkbox"/> Area B - Agoura Hills, Calabasas, Hidden Hills, Lancaster, Malibu, Palmdale, Santa Clarita, Westlake Village | <input type="checkbox"/> Area F - Avalon, Long Beach, Signal Hill |
| <input type="checkbox"/> Area C - Alhambra, Burbank, Glendale, La Canada Flintridge, Monterey Park, Pasadena, San Fernando, San Gabriel, San Marino, South Pasadena | <input type="checkbox"/> Area G - El Segundo, Gardena, Hawthorne, Hermosa Beach, Inglewood, Lawndale, Lomita, Manhattan Beach, Palos Verdes Estates, Rancho Palos Verdes, Redondo Beach, Rolling Hills, Rolling Hills Estates, Torrance |
| <input type="checkbox"/> Area D - Arcadia, Azusa, Baldwin Park, Bradbury, City of Industry, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Irwindale, La Puente, La Verne, Monrovia, Pomona, Rosemead, San Dimas, Sierra Madre, South El Monte, Temple City, Walnut, West Covina | <input type="checkbox"/> Area H - Los Angeles |
| | <input type="checkbox"/> Other: |

Select 3 of the service classes below that correspond to your agency:

- | | |
|--|--|
| <input type="checkbox"/> Arts, Culture & Humanities | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> International, Foreign Affairs & National |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Security |
| <input type="checkbox"/> Animal-Related | <input type="checkbox"/> Civil Rights, Social Action & Advocacy |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Community Improvement & Capacity |
| <input type="checkbox"/> Mental Health & Crisis Intervention | <input type="checkbox"/> Building |
| <input type="checkbox"/> Voluntary Health Associations & Medical Disciplines | <input type="checkbox"/> Philanthropy, Voluntarism & Grant |
| <input type="checkbox"/> Medical Research | <input type="checkbox"/> Foundations |
| <input type="checkbox"/> Crime & Legal-Related | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Food, Agriculture & Nutrition | <input type="checkbox"/> Public & Societal Benefit |
| <input type="checkbox"/> Housing & Shelter | <input type="checkbox"/> Religion-Related |
| <input type="checkbox"/> Public Safety, Disaster Preparedness & Relief | <input type="checkbox"/> Mutual & Membership Benefit |
| <input type="checkbox"/> Recreation & Sports | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Youth Development | |

Is your organization interested in hosting an upcoming meeting?

- Yes, we'd love to! Sorry, not at this time.

Step #2: Disaster Mission Statement Worksheet

Your disaster mission statement defines the role your organization will play in disaster preparedness, response, and/or recovery within your community. Below is a template of suggested language to give you a set of guidelines to develop this statement. Choose the options from each field that best suit your organization's specific situation and intended role in your emergency network. **Please submit this completed worksheet as part of your ENLA membership application.**

In an effort to best serve our:

- | | |
|--|--|
| <input type="checkbox"/> organization/company | <input type="checkbox"/> worship center/congregation |
| <input type="checkbox"/> constituents/clients/patients | <input type="checkbox"/> neighborhood/community |
| <input type="checkbox"/> city/county/region | <input type="checkbox"/> other _____ |

will, in terms of preparedness activities:

- disseminate emergency preparedness information for various emergency scenarios
- participate in and/or conduct training seminars/workshops with local response agencies
- participate in and/or conduct drills for various emergency scenarios
- stockpile and help others stockpile emergency supplies (food, water, batteries, etc.)
- develop a written emergency plan
- other _____

We will also provide:

- | | |
|---|--|
| <input type="checkbox"/> communications and information services | <input type="checkbox"/> legal services |
| <input type="checkbox"/> housing/temporary shelter to survivors | <input type="checkbox"/> financial assistance |
| <input type="checkbox"/> food and meals for survivors and/or volunteers | <input type="checkbox"/> medical health services/first aid |
| <input type="checkbox"/> material assistance distributing goods | <input type="checkbox"/> animal shelter/services |
| <input type="checkbox"/> volunteer center services | <input type="checkbox"/> worship center/pastoral care |
| <input type="checkbox"/> clean up and disposal services | <input type="checkbox"/> repairing and rebuilding services |
| <input type="checkbox"/> day care and childcare services | <input type="checkbox"/> search and rescue teams |
| <input type="checkbox"/> special needs care for the elderly & handicapped | <input type="checkbox"/> interpretation/translation services |
| <input type="checkbox"/> transportation for victims and their families | <input type="checkbox"/> financial assistance |
| <input type="checkbox"/> mental health services | <input type="checkbox"/> advocacy services |
| <input type="checkbox"/> temporary storage for personal items | <input type="checkbox"/> other _____ |

Next Steps:

1. Craft your organization's individualized Disaster Mission Statement
2. Have your organization's governing body approve your Disaster Mission Statement
3. Type your Disaster Mission Statement in the space below

Step #3: Statement of Understanding

This agreement made on _____ is between **Emergency Network of Los Angeles (ENLA)** and _____ (hereinafter referred to as "Member Agency").

I. PURPOSE

The purpose of the statement is to establish a working relationship between the Member Agency and ENLA. This agreement provides a broad framework for cooperation between the two organizations in identifying and coordinating services to victims of disaster in a manner which is consistent with the missions of the Member Agency and ENLA.

ENLA serves as the emergency preparedness coordinating body for community based organizations in Los Angeles County; and wishes to establish a formal, non-binding commitment with Member Agencies participating in disaster preparedness and post disaster activities.

II. DEFINITION OF A DISASTER

A disaster is an event which causes or has the potential to cause disruptions to patterns of normal living for a significant number of people. A disaster may be either natural or human caused. Examples of disasters include earthquakes, flood, fires, hazardous materials incidents, civil unrest, and terrorism.

III. METHODS OF COOPERATION

1. ENLA will establish contact and maintain liaison with the Member Agency prior to and following a disaster.
2. ENLA will provide leadership in developing coalitions which will strengthen the ability of individual agencies to assist disaster victims.
3. ENLA will facilitate the establishment of staff and agency preparation priorities for the Member Agency by providing training and forums.
4. ENLA will gather, coordinate and disseminate information through its network. In addition, it will facilitate linkages of providers of disaster goods and resources with communities and agencies which have disaster related needs.
5. ENLA will provide linkages for Member Agencies with government Emergency Operations Centers.
6. ENLA will provide reports of the impacts a disaster has to Member Agencies and the populations they serve to government, the media, and other interested parties. It is not the intent of ENLA to speak for or represent specific Member Agencies. Inquiries regarding Member Agency programs will be referred to those agencies.
7. The Member Agency will prepare its organization for a disaster by developing an Agency disaster mission statement and will file it with ENLA.
8. The ENLA will assist Member Agencies in their efforts to request financial reimbursement and post disaster contracts and grants by transmitting information about potential funding opportunities.
9. Member Agencies will participate in ENLA planning processes, disaster drills, and post exercise evaluations that serve to strengthen the facilitation of linkages of goods and resources following a disaster.
10. Following a disaster, the Member Agency will gather information about the Agency's needs, services, and resources and communicate that information to the point of contact designated by ENLA.

IV. AUTHORIZATION

This Statement of Understanding provides the basis which ENLA and the Member Agency will cooperate both in terms of preparedness planning and in assistance during times of disaster. Termination of this agreement by either party may be effected by the delivery of written notice to authorized personnel of either party to be effective 90 days after the making of such notice.

ENLA REPRESENTATIVE PRINTED NAME

ENLA REPRESENTATIVE SIGNATURE

DATE

MEMBER AGENCY REPRESENTATIVE PRINTED NAME

MEMBER AGENCY REPRESENTATIVE SIGNATURE

DATE

Step #5: Checklist

Our organization has completed our ENLA membership application including:

- Organization Information Sheet (step one)
- Disaster Mission Statement Worksheet (Step 2)
- Statement of Understanding (Step 3)
- Signature (page 6)
- Checklist (page 7)

Our organization has attached the following supplemental documents to our ENLA membership application:

- A copy of our IRS 501(c)3 tax-exempt letter (voting member only)
- A copy of our organization's mission statement
- A check for our organization's annual membership dues (made payable to Emergency Network Los Angeles)

Step #6: Submit

Please mail your completed ENLA membership application packet to:

**Emergency Network of Los Angeles
Attn: Nathan Wolfstein
19040 Vanowen Street
Reseda, CA 91335**

Thank you for your application! We look forward to seeing you at our next meeting. To view the event calendar, please visit: <http://enla.org/events/>