



## Organization Membership Agreement

### **Mission:**

*Galveston County Long-Term Recovery Group (“GCLTRG”) is a collaborative network that addresses the long-term needs of Galveston County following a disaster.*

*We will strive to:*

- Provide coordinated management of the long-term recovery process in Galveston County.
- Provide long-term recovery assistance to individuals and families affected by disasters who do not have adequate personal resources for their unique recovery needs.
- Provide advocacy for Galveston County’s most vulnerable residents, especially seniors, individuals with access and functional needs and lower income families to recover to a Safe Sanitary and Functional state.

### **Galveston County Long-Term Recovery Group Objectives:**

GCLTRG will meet as needed and otherwise communicate on an ongoing basis to assure the most productive possible collaboration in addressing its mission.

GCLTRG will assure appropriate linkage for communities with government and nongovernmental disaster response organizations.

GCLTRG will develop data collection and reporting systems for needs analysis and resource matching.

GCLTRG will encourage the availability of training to agencies who have had limited or no direct interaction with disaster recovery or recent prior disaster recovery training.

GCLTRG will work together to assure public visibility for disaster recovery efforts.

GCLTRG will seek to build constructive relationships with other long-term recovery groups and community groups engaged in long-term recovery efforts.

### **Guiding Principles:**

*In our practice, we will strive to:*

- Do no harm to residents and clients
- Walk with affected persons in their recovery efforts
- Embrace a spirit of cooperation—no one organization can solve all the problems
- Support every organization’s ability to contribute according to their capacity and capability
- Uphold ethical standards of our fields of practice

- Maintain quality and accountability
- Honor openness and fairness
- Be good stewards of the resources entrusted to GCLTRG

**Membership Expectations:**

*As a Representative of my organization, I expect:*

- My organization will have one vote
- I will have the ability to advocate for my organization
- I will have access to information through the routine meetings and Work Groups

*As a Representative of my organization, I agree to:*

- Maintain confidentiality of client data within GCLTRG
- Provide material, manpower, monetary support, or specialized expertise for the work of GCLTRG
- Participate constructively in GCLTRG and honor its mission and guiding principles
- Regularly attend meetings or send a representative, as necessary
- Serve on applicable GCLTRG workgroups and ad hoc workgroups
- Address problems and concerns openly with a focus on resolution
- Collect and report data according to the standards developed by each work group
- Reduce the occurrence of duplicated services and duplication of efforts
- Communicate long-term recovery activities and updates to the GCLTRG
- Understand that participation is voluntary and can be withdrawn at any time by providing written notification to the GCLTRG Executive Committee

**GCLTRG Executive Committee:**

The purpose of the GCLTRG Executive Committee is to provide administration and coordination of members, partners, and resources, to maintain open communication among the Work Groups, and to provide a forum for conflict resolution, in a highly accountable way.

The GCLTRG Executive Committee will be comprised of the Chair, Vice Chair, Treasurer and Chairs of the five standing Work Groups: Disaster Case Management, Unmet Needs, Repair/Rebuild, Public and Behavioral Health, and Communications and Advocacy. They will work to achieve consensus in all matters related to Executive Committee business.

**I agree and will maintain the confidentiality of client information and proprietary knowledge.**

Organization Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Galveston County Long Term Recovery Group 2018 Membership Application

<b>Name of Organization</b>	
<b>Name of Applicant (Main Representative)</b>	
<b>Mailing Address</b>	
<b>Physical Address</b>	
	<div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>Address</span> <span>City</span> <span>State</span> <span>Zip</span> </div>
<b>Phone</b>	
<b>Organization Website</b>	
<b>Federal EIN #</b>	
<b>Year / County Organization Founded</b>	

**Mission Statement:**

<b>Organization Representation</b>					
<small>(List up to three alternates in priority order)</small>					
<small>One member from this list at attendance of a LTRG meeting will be entitled to vote at meetings</small>					
<b>Name</b>		<b>Name</b>		<b>Name</b>	
<b>Title</b>		<b>Title</b>		<b>Title</b>	
<b>Phone</b>		<b>Phone</b>		<b>Phone</b>	
<b>Email</b>		<b>Email</b>		<b>Email</b>	

**Galveston County Long Term Recovery Group  
Organization Membership Application (page 2)**

Select Work Group(s) you wish to serve on:

*Representatives are urged to be actively involved in at least one Work Group.*

Repair/Rebuild

Disaster Case Management

Unmet Needs

Communications and Advocacy

Public and Behavioral Health

*Every Member Organization contributes to the disaster recovery efforts.*

Please describe what your organization is able to contribute to the recovery efforts.

Money

Material

Muscle

Special Expertise

**By signing this application, I certify that the information contained in and attached to this application is true. I agree to adhere to the Organization Membership Agreement for the Galveston County Long Term Recovery Group.**

Name:

Title:

Signature:

Date: