## **Disaster Relief Nonprofit Partnership Form**

Nonprofit Organization Name
Contact Person Name
Contact Email
Contact Phone Number
Organization Website
Headquarters Location
Average of Disperson Delief Complete (Colored all that apply)
Areas of Disaster Relief Services (Select all that apply)
Food & Water
Food & water
Medical Aid
Shelter
Logistics & Distribution
Volunteer Mobilization
Other Country Devices the Country of
Goals for Partnership
Recent Disaster Relief Experience
Treatment Experience
Resources Available for Partnership
Additional Information