



Strategic Forces for Emergency Management in Lexington County

Lexington County VOAD Application

Organization: _____

Function(s) to perform: _____

Resources Available: _____

Insured by: _____

Copies of Insurance Document: YES NO Copy provided

of Members: _____

Background checks conducted on each member: YES NO

Credentialing Provided: YES NO

IDs Provided: YES NO

Disaster Plan in place and can you provide a copy: YES NO

Types of communication radios and frequency your organization utilizes: _____

Do you have any HAM radio operators in your group: YES NO Number: _____

Type of training provided to each member: _____

Policies & Procedures for this organization: YES NO Copy provided

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