

TELEPHONE
(870) 239-6300

Office of Emergency Management
GREENE COUNTY
320 WEST COURT STREET, ROOM #107
PARAGOULD, ARKANSAS 72450

FAX
(870) 239-6350

PARTNERS IN PREPAREDNESS

Application (September 2018 1.1)

- Organization name: _____
- Organization address: _____
- Organization phone number: _____
- Organization Fax (if available): _____
- Organization website and/or social media page (if applicable): _____
- Point of contact/position: _____
- Point of Contact phone number: _____
- Point of Contact email address: _____
- Number of Employees / Clients / Students, etc.: _____
- Briefly describe your organization: _____

- Does your organization have an emergency plan(s) currently in place?
Yes / No
- Briefly describe your desire to join Partners in Preparedness.
- Briefly describe what you would most like to get from this program (i.e., networking, outreach materials, speakers for employees, etc.)

- Would your organization be willing to help sponsor luncheon/workshops (i.e., meals, etc.)

Yes/No

- Would your organization be willing to help with hosting workshop/networking venues?

Yes/No

_____/_____
Printed Name, Date

Signature

