

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

