

Santa Barbara County

Disaster Healthcare Partners Coalition

Commitment to Participate

The Santa Barbara County Disaster Healthcare Partners Coalition was established in 2013 to assure collaborative planning and efficient response by healthcare, EMS, long term care, and other agencies during a disaster. The coalition’s priorities and activities are guided by the Advisory Committee, and the annual meeting of the Executive Committee.

We, the representing persons from _____ will participate as an official member of the Santa Barbara County Disaster Healthcare Partners Coalition. By signing below we acknowledge that we have read the Disaster Health Partners Coalition Governance Document and Preparedness Plan, and that our facility/agency agrees to participate in the coalition according to the bylaws and the roles and responsibilities established therein.

Facility/Agency Executive		
Name/Title	Signature	Date
24/7 phone	Email	

Facility/Agency Representative		
Name/Title	Signature	Date
24/7 phone	Email	

Additional Facility/Agency Information		
Address	Phone	Fax
24/7 phone	Satellite Phone (if applicable)	