

Attachment II
Complete a Survey Checklist Overview

Phase 1 Warning/Anticipation

Preparing the people

1. Complete a survey.

- (1) Have each church member complete the survey found in this attachment.
- (2) Obtain forms from the County and insure that special needs members are registered. Assist those who need help with paperwork.
- (3) Identify to group leaders those people who are special needs and will be taken care of by the County.
- (4) Identify to group leaders those special needs people who would not fill out the County paperwork.
- (5) Use information obtained by the survey to complete a database of information for future reference.

__(Your Church Name)_____ Church Disaster Preparedness Survey Form

The Church Disaster Preparedness program does not replace emergency services provided by government agencies. However, our disaster preparedness program is concerned with your welfare and your personal situations. We are also concerned about our church property, the community and other communities. This survey form will assist the church Disaster Preparedness Committee to identify individuals that need assistance and individuals that wish to volunteer their services. It is important that all members respond to this request. Your church wants to be prepared in case of an evacuation, emergency or disaster. As you are aware, recent disasters have proven that those who were prepared had a much better chance for survival. Direct questions about this form to_____.

Last Name: _____ # living at this address____ First Names_____.

Address: _____ City _____, St ____ Zip+four _____+_____

Name of Community/Development that you live in. _____

Phone: _____ Cell 1 _____ E-Mail_____

1. Do you have a family plan in event of an emergency or evacuation? ___Yes ___ No
2. Do you have special needs that would require assistance to evacuate or obtain a shelter? ___Yes ___No
3. Have you registered with the County to obtain assistance ___Yes ___No
4. If you have not registered, do you need help filling out the county paperwork. ___Yes ___No
5. Are you dependent on emergency support equipment? ___Yes ___No
6. Please provide an emergency contact that lives outside the immediate area.

Name_____ Relationship_____

Address_____

City,_____, St ____ Zip _____ Phone _____

7. Would you accept church families who may be required to evacuate? ___Yes ___No. If yes, how many___ Will you accept smokers ___Yes. Will you accept pets? ___Yes ___No If yes, are there any restrictions? Please List_____
8. Would you volunteer as a Disaster Preparedness Action Response Team member? ___Yes ___No
9. Do you have special equipment, which can be used if necessary, such as a truck, travel trailer/RV, generator, chain saw, pump, ham radio, etc.? ___Yes ___No If yes, please Identify:

10. Do you have special talents that can be utilized following a disaster? ___Yes ___No If yes, please list:_____

Please return this form to the church office or to our information center.