



District Disaster Response Church Facility Information

District _____ Church Name: _____

Church Address: _____
Address / City *State* *Zip Code*

Church Phone: _____ Fax: _____ E-Mail: _____

Pastor's Name _____ Pastor's Cell Phone: _____

Disaster Response Coordinator: _____ Cell Phone: _____ E-Mail: _____

Does your church have a Disaster Preparedness Plan? Yes No

Does your church have Cleaning Buckets stored? Yes No If yes, how many? _____

In the event of a disaster, would your church be willing to house volunteers? Yes No

Number of persons that can be accommodated: _____

Are separate sleeping areas available if necessary for male/female: Yes No

Showering facilities available: Yes No

(Note: Please specify whether the shower facilities are in the Church, in the homes of congregational members or with local facilities in the area i.e. high school, National Guard Armory, Fire Department, YMCA, Boys' or Girls' Club, etc.)

Cooking facilities available: Yes No

Would your church facility and congregation be able to provide meals for large groups? Yes No

Would your church be able to provide temporary emergency child care? Yes No

Would your congregation be available to temporarily house another congregation? Yes No

Would your congregation be available as a communication hub? Yes No

Indicate in which other programs your church has been trained:

Early Response Training Casework Training CERT Training

Is your church a registered Red Cross Shelter? Yes No

Does your church have any disaster response equipment (ie: copier for workers or computer or space for spiritual care worker)? Yes No If yes; _____