



## District Disaster Response Church Facility Information

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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.)

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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; \_\_\_\_\_