

Appendix A
CHURCH MEMBER
DISASTER RESPONSE INTEREST AND SKILLS SURVEY



Name: _____
 Street Address: _____ Home Phone: _____
 City/State/Zip: _____ Work Phone: _____
 E-mail: _____ Cell Phone: _____
 Church: _____ Church Phone: _____
 Church Address: _____

Would you be interested in assisting with a disaster relief project by our church? In this community?
 In this county? Within the Presbytery? In this state? In the USA? Internationally?

How much lead-time would you need to get ready to participate in a project? _____

INTEREST/EXPERIENCE/TRAINING

Check the disaster ministries that interest you. Place **two checks** by areas where you are experienced.

- | | | |
|--|--|---|
| <input type="checkbox"/> Advisory/advocacy | <input type="checkbox"/> Driver | <input type="checkbox"/> Reconstruction team |
| <input type="checkbox"/> Bulk distribution | <input type="checkbox"/> Elderly care | <input type="checkbox"/> Repair (emergency) |
| <input type="checkbox"/> Caring for pets | <input type="checkbox"/> Employment assistance | <input type="checkbox"/> Resources/logistics |
| <input type="checkbox"/> Casework | <input type="checkbox"/> Evacuation of persons | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Chainsaw crew/tree removal | <input type="checkbox"/> General handyman | <input type="checkbox"/> Salvage |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Housing coordinator | <input type="checkbox"/> Sanitation |
| <input type="checkbox"/> Cleanup crew/debris removal | <input type="checkbox"/> Interpreter/translator: | <input type="checkbox"/> Security |
| <input type="checkbox"/> Clerical assistant | Language(s) _____ | <input type="checkbox"/> Shelter management or care |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Legal aid | <input type="checkbox"/> Site manager |
| (including Ham Radios) | <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Special needs care |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Medical emergency team | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Prayer team coordinator | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Damage assessment | <input type="checkbox"/> Procurement | |

Check if you have **specialized training** in the following (please add comments below):

- | | |
|---|---|
| <input type="checkbox"/> Advanced first aid and CPR | <input type="checkbox"/> Heavy equipment operator |
| <input type="checkbox"/> Bricklayer | <input type="checkbox"/> Mass Feeding |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Crisis counseling | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Disaster relief | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Dry walling/Painter | <input type="checkbox"/> Roofer |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Emergency child care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Evangelism | |
| <input type="checkbox"/> General contractor | |

Appendix B
CHURCH POTENTIAL
FOR DISASTER RESPONSE



The following may be available during disaster response in or near our community:

Church Facilities

- Classrooms
- Dining room
- Dumpster
- Fellowship hall
- Food bank
- Gymnasium
- Ice makers
- Kitchen
- Nursery
- Outside electric hookup
- Outside sewage hookup
- Outside water hookup
- Refrigerators/freezers
- Rest rooms
- Showers
- Storage/vacant buildings
- Other _____

Communication Equipment

- Cell phones
- Ham Radios
- Satellite phones
- Other _____

Equipment

- Air compressors
- Chainsaws, etc.
- Generators
- High volume pumps
- Oxygen tanks

- Portable stoves
- Power painters
- Power washers
- Sanitation equipment/supplies
- Submersible pumps
- Other _____

Vehicles

- 4x4's
- Aircraft
- ATVs
- Back hoes
- Boats
- Bobcats
- Buses
- Campers/RVs
- Cargo Trailers
- Dump trucks
- Front loaders
- Portable showers
- Tractor-trailers
- Flat bed trailers
- Trucks
- Vans
- Other _____

Construction Supplies

- Electrical
- Hardware
- Lumber
- Plumbing

- Other _____

Medical Supplies

- Crutches
- First-aid kits
- Medical supplies
- Wheelchairs
- Other _____

Supplies

- Cots
- Drinking Water
- Ice
- Non-perishable food
- Sanitizing liquids
- Tarps
- Tents
- Other _____

Tools

- Brooms/mops
- Electric extension cords
- Garden hoses
- Hand tools
- Paint brushes/rollers
- Power tools
- Rakes
- Shop vacuums
- Shovels
- Other _____

Appendix C
KEY PEOPLE IN THE OPC,
STATE, COUNTY, CITY, AND COMMUNITY



After listing the officials, list any church members or friends who may work in a particular office or agency. Sometimes, the personal contact is helpful.

| Title | Name | Contact Information |
|--|--------------|---|
| ORTHODOX PRESBYTERIAN CHURCH | | |
| OPC Disaster Response Coordinator | David Nakhla | (562) 760-7606 opcdisasterresponse@opc.org |
| Presbytery Disaster Preparedness & Response Committee Chairman | | |
| Presbytery Disaster Response Coordinator | | |
| Presbytery Disaster Response Alternate Coordinator | | |
| Local Church Disaster Response Coordinator | | |
| STATE GOVERNMENT | | |
| State Representative | | |
| State Senator | | |
| Office of Public Safety or Emergency Management | | |
| Area Coordinator | | |
| COUNTY OFFICIALS | | |
| Emergency Mgmt Director | | |
| Commissioner or Judge | | |
| Sheriff | | |
| Fire Marshal | | |
| CITY OFFICIALS | | |
| Emergency Mgmt Director | | |
| Fire Chief | | |
| Fire Marshal | | |
| Council Member | | |
| VOLUNTEER ORGANIZATIONS | | |
| American Red Cross | | |
| The Salvation Army | | |
| VOAD | | |
| OTHER CONTACTS | | |
| | | |
| | | |
| | | |

Appendix D
FAMILY DISASTER INFORMATION



Last Reviewed by: _____ **Date:** _____

Family Name: _____

Street Address: _____ Home Phone: _____

City/State/Zip: _____ Work Phone: _____

E-mail (primary): _____ Cell Phone (primary): _____

E-mail (secondary): _____ Cell Phone (secondary): _____

Church (Name, City, State): _____ Church Phone: _____

Names and ages of persons living in the home: _____

Pets: No / Yes – names and breed: _____

Persons requiring special needs care: _____

Describe level of care: _____

Map from the church on file: No / Yes – Date last reviewed: _____

Closest Neighbor – Name: _____ Cell Phone: _____

Closest Neighbor – Address: _____ Distance from your home: _____

Church member (outside your own household) who lives the nearest to you.:

Name: _____ Address: _____

Closest Relative – Name: _____ Cell Phone: _____

Closest Relative – Address: _____ Home Phone: _____

Disaster Preparation Assets on Hand at Home.

- **City Water:** No / Yes - Details: _____
- **Well Water:** No / Yes - Details: _____
- **Gas:** No / Yes - Details: _____
- **Electric:** No / Yes - Details: _____
- **Back up power generation:** No / Yes - Details: _____
- **Four wheel drive equipment:** No / Yes - Details: _____
- **Boat with motor:** No / Yes - Details: _____
- **Ham radio:** No / Yes - Details: _____
- **Storm Cellar:** No / Yes - Details: _____
- **Chain saws:** No / Yes - Details: _____
- **Underground fuel cells:** No / Yes - Details: _____
- **All-terrain vehicles:** No / Yes - Details: _____