

**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
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**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: \_\_\_\_\_