



# Emergency Information Form

<b>Last Name:</b>					
Home address:					
City:					
State, ZIP:					
Home Phone:					
Church:					
Position:	<input type="checkbox"/> Pastor <input type="checkbox"/> Session <input type="checkbox"/> Clerk of Session <input type="checkbox"/> Member <input type="checkbox"/> Employee				
First Name:		Cell Phone:		Email:	
First Name:		Cell Phone:		Email:	
First Name:		Cell Phone:		Email:	
First Name:		Cell Phone:		Email:	
First Name:		Cell Phone:		Email:	

### Evacuation Information

Will evacuate:     Yes     No                      Will shelter:     Yes     No

If evacuating:    Transportation:     Personal Car     Bus     Group Transit     Other

Evacuation/Shelter:

Location: \_\_\_\_\_

Address: \_\_\_\_\_

City, State \_\_\_\_\_

Phone at Location: \_\_\_\_\_

**ICE Numbers (In Case of Emergency)** so emergency personnel reading your phone will know who to contact

1 <sup>st</sup> Out-of Area Contact	2 <sup>nd</sup> Out-of-Area Contact
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE

## PRE-EMERGENCY SURVEY

		YES	NO
1.	Do you have a family emergency/evacuation plan?		
2.	Do you have emergency supplies?		
3.	Do you have special needs? If yes, explain:		
4.	Have you registered with the County to obtain assistance, in needed?		
5.	Are you dependent on emergency support equipments? If yes, explain:		
6.	Do/will you need help filing out the County paperwork?		
7.	Are you in an assisted living or nursing home:		
8.	Are you able to drive beyond the city limits?		
9.	If able, are you able to drive for another person to a shelter or for evacuation?		
10.	Would you accept church families who may be evacuated? If yes, how many: _____ Will you accept smokers: _____ Will you accept pets: _____ Restrictions? _____		
11.	Are you a volunteer for a disaster readiness & response team?		
12.	Do you have special talents to help following a disaster? If yes, please list: _____ _____ _____		
13.	Do you have special equipment, which may be used, such as:		
	Truck?		
	Travel Trailer or RV?		
	Generator?		
	Chain Saw?		
	Pump?		
	Ham Radio?		
	Storage Facility?		
	Other (list):		