

Emergency Information Form

Last Name:						
Home address:						
City:						
State, ZIP:						
Home Phone:						
Church:						
Position:	□ Pastor □ S	Session 🗆 Cl	erk of Session	ember 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:						
				g your phone will know who to contact		
1 st Out-of Area Contact			2 nd (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 L	IKE TO SHARE			

		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, if 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.	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):		