

KNOW YOUR MEMBERS

Emergency Preparedness & Care Update

This information is confidential and will only be used by pastoral staff and disaster coordinators in severe weather events or emergencies

1. MY CONTACT INFO

Name(s) – Age in Household: _____

Address: _____

Best Phone: _____ [] Can receive text messages?

Emergency Contact (Relative/Friend not living with you):

Name: _____ Phone: _____

2. MY NEEDS (During an Emergency)

Please check any that apply to you or a member of your household:

[] **Mobility:** I use a walker, wheelchair, or have difficulty with stairs.

[] **Transportation:** I do not drive / I would need a ride to evacuate.

[] **Medical Power:** I use oxygen, CPAP, or other equipment that requires electricity.

[] **Medical Storage:** I have medication that must be refrigerated (e.g., Insulin).

[] **Communication:** I am hard of hearing/deaf (I might not hear a siren/phone).

[] **Flood Risk:** My home has flooded before or is in a known flood/low area.

3. MY RESOURCES (I Can Help Others!)

I am able and willing to help in a disaster with the following:

[] **The Muscle:** I can help with cleanup, debris removal, or lifting.

[] **The Gear:** I have a: [] Pickup Truck [] Generator [] Chainsaw [] Boat.

[] **The Shelter:** I have a spare room and could host a displaced member.

[] **The Caller:** I can help make phone calls to check on members.

Thank you for helping our congregation stay connected and cared for during emergencies.

Please return this sheet to our pastoral team or disaster coordinators.