



Church Member Disaster Preparedness Survey

Date Prepared: _____

NAME: _____ SPOUSE: _____

ADDRESS: _____

CROSS STREET OR NEIGHBORHOOD: _____

COMMUNICATIONS: LANDLINE # _____ Phone Co. Name: _____

Cell # _____ Cell Company Name: _____

HUSBAND CELL # _____ DO YOU TEXT? YES / NO _____

WIFE CELL # _____ DO YOU TEXT? YES / NO _____

HUSBAND EMAIL _____ WIFE EMAIL _____

Do you have the capability to evacuate on your own in case of a hurricane? YES / NO

Do you have the capability to evacuate on your own in case of flooding? YES / NO

Have you made arrangements for evacuation assistance with a relative or friend? YES / NO

What is the name and contact information for the relative/friend - NAME _____

HOME #: _____ CELL #: _____

Do you have a pet that will evacuate with you? YES / NO Do you have a carrier for your pet? YES / NO

What kind of pet and how many (cat, small or big dog/birds)? _____

Would you accept evacuation assistance from a church member if it was offered? YES / NO

Do you need assistance in preparing your residence prior to a hurricane? YES / NO

Would you like to have assistance from a church member in developing/updating your personal disaster plan?
YES / NO

Do you use a medical device that requires electricity to function? YES / NO If YES, please describe the device or devices: _____



SURVEY CONDUCTED BY (print)_____