

# Brokaw-Mennonite Association of Delegate Churches

## Church Response Survey

<b>Church Name:</b>				
<b>Street Address:</b>				
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>
<b>Church Email:</b>	<b>Church Website:</b>			

<b>Disaster Leader(s):</b>		<b>Phone:</b>
		<b>Email:</b>
<b>Spiritual Leader(s):</b>		<b>Phone:</b>
		<b>Email:</b>

**Please indicate the resources your church could provide in the event of a disaster in or near your community.**

CHURCH FACILITIES:				EQUIPMENT:			
Large hall		Nursery		Submersible pump		Other Equipment:	
Dining room		Kitchen		High velocity pump			
Showers		Vacant building		Generator			
Dumpster		Food Bank		Oxygen tank			
Classrooms		Outside electricity		Air compressor			
Rest Rooms		Outside water		Chainsaws, etc.			
Gymnasium		Other:		Portable stoves			
Clothes Bank				Sanitation equipment			
TOOLS & SUPPLIES:				VEHICLES:			
Hand tools		Garden hose		Buses		Other Vehicles:	
Electric cords		Wheelchair		Trailers			
Shovels		Cots		Campers			
Crutches		First-aid kits		Van			
Power tools		AEDs		Trucks			
Mops		Other:		Aircraft			
Brooms				4x4's			
Shop vacuum				Boats			
FINANCIAL DONATIONS:							

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## Individual/Family Survey

**Please indicate the resources that individual families/members of your church could provide in the event of a disaster in or near your community.**

<b>Family Last Name:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>County:</b>	
<b>Home Phone:</b>					
<b>Family Members:</b> Check <input type="checkbox"/> if able to help in disaster relief	<b>Last Name:</b>	<b>First Name:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>	<b>Email:</b>
<b>Our Household has the following equipment:</b>		<input type="checkbox"/> CB Radio	<input type="checkbox"/> 4-wheel drive vehicle	<input type="checkbox"/> Chain Saw	
		<input type="checkbox"/> Wheelbarrow	<input type="checkbox"/> Hand saw	<input type="checkbox"/> Generator	
		<input type="checkbox"/> Other:			
<b>Our Household could provide the following assistance:</b>					
<input type="checkbox"/> Child care		<input type="checkbox"/> Clothing	<input type="checkbox"/> Elder/Disabled Care	<input type="checkbox"/> Employment assistance	
<input type="checkbox"/> Clean up crew		<input type="checkbox"/> Evacuation of persons	<input type="checkbox"/> Feeding @ a mobile unit	<input type="checkbox"/> Feeding @ a fixed site	
<input type="checkbox"/> Communications		<input type="checkbox"/> Advisory	<input type="checkbox"/> Bulk distribution	<input type="checkbox"/> Casework	
<input type="checkbox"/> Medical emergency team		<input type="checkbox"/> Interpreter? Language: _____	<input type="checkbox"/> Legal aid	<input type="checkbox"/> Literacy	
<input type="checkbox"/> Reconstruction team		<input type="checkbox"/> Repair (emergency)	<input type="checkbox"/> Salvage	<input type="checkbox"/> Sanitation	
<input type="checkbox"/> Security		<input type="checkbox"/> Shelter management or care	<input type="checkbox"/> Transportation, emergency	<input type="checkbox"/> Other (list)	
<b>Family Members are certified in:</b>		<input type="checkbox"/> CPR	<input type="checkbox"/> Counseling	<input type="checkbox"/> Disaster Training	
		<input type="checkbox"/> First Aid			
<b>Family Members are interested in assisting with disaster relief:</b>		<input type="checkbox"/> Within city	<input type="checkbox"/> Within this state	<input type="checkbox"/> In the U.S.	
<b>Time needed to get ready to participate in relief?</b>					