

4/23/2008

First United Methodist Church
Gainesville, FL
2008 Disaster Recovery Survey & Questionnaire

In my effort to establish a local Disaster Preparation and Response Plan for our church, local congregation members and staff, this survey/questionnaire has been created. This will help in determining the levels of assistance that each member may need during a local emergency and/or disaster. This will also let me know who is willing to be apart of our Disaster Relief and Recovery Team. There are many volunteer levels of our Early Emergency Response Team, such as a chain saw operator, clean-up crew, doing food preparations to calling members to make sure they are safe and sound. The more information and detail you give the more assistance the Team will be able to supply. If you do not wish to fill out this survey/questionnaire, please at least fill out your name and check the appropriate box below. My goal is to have the entire congregation and staff each fill out this form.

Full Name:		
Do you wish to be a part of our local Disaster Preparation and Response Plan? If Yes, please continue the survey and questionnaire. Selecting No or failure to return this form will end any further contact.	Yes	No
Neighborhood/ Subdivision Name:		
Major cross streets closest to your home:		
Street Address:		
City:	Zip Code:	
Home Phone:	Cell Phone:	
Email Address:		
Name & number of your emergency contact (friend or relative):		
Number of people living in your home: (Including you) _____ Adults _____ Children		
Number of pets: _____ What type are they?		
<i>Please circle YES or NO for questions 1 through 15</i>		
Please circle one. Is your home block, wood frame, modular or mobile home?		
1. Does your home have a basement?	Yes	No
2. Do you have a safe place in your home to remain during a storm, tornado or hurricane?	Yes	No
3. Is your home in danger from being struck by large falling trees?	Yes	No
4. Is your home near a body of water (pond, river, creek, lake)?	Yes	No
5. Will you need help shutting down your home before departure or evacuation?	Yes	No
6. Will you need help moving outside furniture, plants, etc before a hurricane?	Yes	No
7. Do you have reliable transportation?	Yes	No
8. Do you have a first aid kit?	Yes	No
9. Does your home have a disaster supply kit such as flashlights, batteries, bottled water, candles, canned goods, etc?	Yes	No
11. Are you registered with the Alachua County Emergency Management office as a person(s) who would need evacuation to a special needs shelter?	Yes	No
12. Do you know which shelter and the location nearest you?	Yes	No
13. Do you have family or friends that you can stay with?	Yes	No
14. Do you have a family plan for disasters and/or emergencies?	Yes	No

15. Do you have a "File for Life" list with medications, emergency phone #'s, etc that is easily accessible for someone to get to in a disaster and/ or emergency?		Yes	No
<i>The next few questions are ways for you to help and be a part of our Team.</i>			
1. Assuming your needs are met and your family is safe and secure before and/or after a storm, tornado or hurricane, will you be willing to assist the Team in helping other members and friends of our church and community?		Yes	No
2. Assuming your needs are met and your family is safe and secure before and/or after a storm, tornado or hurricane, will you willing to open up your home to members and friends of our church and community?		Yes	No
3. Assuming your needs are met and your family is safe and secure before and/or after a storm, tornado or hurricane, will you be willing to travel with a team to help other United Methodist Churches in Florida?		Yes	No
4. Are you willing to volunteer to be a member of the Emergency Response Team? If YES, please check the areas you can assist. If NO, then you have completed the survey.		Yes	No
<p><u>Early Response Skills</u></p> <input type="checkbox"/> Chainsaw Operator <input type="checkbox"/> Clean UP <input type="checkbox"/> Clerical/ Telephone <input type="checkbox"/> Computer Skills <input type="checkbox"/> Food Preparation <input type="checkbox"/> Generators <input type="checkbox"/> General Helper <input type="checkbox"/> Nursing/ Medical <input type="checkbox"/> Trucking/ Hauling <input type="checkbox"/> Warehouse	<p><u>Rebuilding Skills</u></p> <input type="checkbox"/> Carpenter <input type="checkbox"/> Carpet Installer <input type="checkbox"/> Contractor <input type="checkbox"/> Dry Wall Hanger <input type="checkbox"/> Electrician <input type="checkbox"/> Heating / AC <input type="checkbox"/> Mason <input type="checkbox"/> Painter <input type="checkbox"/> Plumber <input type="checkbox"/> Roofer	<p><u>Other Skills</u></p> <input type="checkbox"/> Children's Activities <input type="checkbox"/> Youth/ Adult Activities <input type="checkbox"/> Counsel/ Mental Health <input type="checkbox"/> Financial Counseling <input type="checkbox"/> Language Skills <hr/> (Name of Language)	

Please use this line to list any other special skills you can offer and assist with. Also use this space to make any special notes, comments and/ or additional information you think I need to know. Thank you for participating in this survey and questionnaire.

- This survey is also on the FUMC website under 'More about FUMC, Disaster Recovery'
- Please turn in to the office, directly to Sara Emmanuel or to the 'Disaster Survey' box on the front table at the entrance of the sanctuary.