

Homestead Presbytery Disaster Preparedness & Response Committee
CHURCH RESOURCE ASSESSMENT

PURPOSE:

The Disaster Response Team of Homestead Presbytery has prepared this assessment for the purpose of gathering data that will provide valuable assessment of resources within the Homestead Presbytery that can be deployed when a local emergency or disaster occurs.

Please complete the assessment below by downloading and filling in the form. Once finished please e-mail to Jesalyn (hpoffice@homesteadpres.org) at the Presbytery Office.

PART 1: CHURCH RESOURCE & READINESS ASSESSMENT

BASIC INFORMATION

Church
Name: _____

Physical
Address: _____

Telephone #: _____

Form Completed By:

Name: _____

Position or Role at Church: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Pastor/Moderator:

Name: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Clerk of Session:

Name: _____
Office Phone: _____
Cell Phone: _____
Email: _____

Church Administrator/Manager:

Name: _____
Office Phone: _____
Cell Phone: _____
Email: _____

Church Website

Address: _____

On Facebook? Yes ☐ No ☐

On Twitter? Yes ☐ No ☐

Approximate # of ACTIVE members: _____ As of date: _____
(DO NOT include inactive members)

FACILITY ASSESSMENT

Property size (in acres or square feet): _____

Number of Separate Buildings on Site: _____

Are Buildings Handicap Accessible? Yes ☐ No ☐

of Main Exits: Bldg 1 _____ Bldg 2 _____ Bldg 3 _____ Other _____

Restrooms: _____ Are any handicap accessible? _____

Showers Available: Yes ☐ No ☐

Are showers handicap accessible? Yes ☐ No ☐

Is there space where temporary showers could be installed? Yes [] No []

Washer and dryer available? Yes [] No []

Hot water tank capacity (gal): _____ On demand system? Yes [] No []

Sewage disposal: Municipal _____ Septic system _____

Other _____

Sanctuary Space: Seating capacity _____

Removable seating? Yes [] No []

Narthex/Reception Area? _____ Seating Capacity: _____

Fellowship Halls: How Many? _____ Seating capacity _____ Carpeted? _____

Additional large rooms? Yes [] No [] How Many? _____ Avg. Capacity: _____

Location: _____

of Conference/Classrooms _____ Average Seating Capacity: _____

Gym: Yes [] No []

Nursery: # of Cribs _____ # Playpens _____

Bathroom _____ Sink Only _____

Kitchen: # of Ovens _____ # of Stoves/Burners _____

Dishwasher? Yes [] No [] Ice Maker? Yes [] No []

of Refrigerators: _____ # Freezers _____

of Electrical outlets: 110v _____ 220v _____

Workshop/Garage: Yes [] No [] Electrical service type: 110v _____ 220v _____

Describe the type of equipment available

Exterior Amenities: # of Electrical Outlets _____ # Water Spigots _____

Other _____

Onsite Parking Area :Yes [] No [] # Parking spaces _____ Lighting? Yes [] No []

Open space/lawn: Yes ☐ No ☐ Size (sqft or acres) _____

Suitable for tents? Yes ☐ No ☐

Is there suitable space to park RVs or campers? Yes ☐ No ☐

Is there suitable space to accommodate portable toilets? Yes ☐ No ☐

Do you provide a manse? Yes ☐ No ☐

If yes: Insurance Company: _____

Policy number: _____

SAFETY INFORMATION

Fire Extinguishers:_____ # Fire alarms: _____ # Smoke detectors:_____ AED:_____

Weather Radio:_____ What is the location of the following: AED:_____

First Aid Kit:_____ Weather Radio:_____

Fire Sprinkler system? Yes ☐ No ☐

Type: _____

Building Alarm/Security system? Yes ☐ No ☐

Emergency Response Plans:

Fire Evacuation Yes ☐ Under Development ☐ No ☐

Severe Weather Yes ☐ Under Development ☐ No ☐

Intruder/Active Shooter Yes ☐ Under Development ☐ No ☐

Do you have an Emergency Response [] Team [] Coordinator

Do you conduct emergency response training for staff/congregation? Yes ☐ No ☐

Security team? Yes ☐ No ☐

Is security team armed? Yes ☐ No ☐

Conceal-Carry Permitted? Yes ☐ No ☐

of Members Involved _____ Private firm name

Means of communication (check all that apply):

Radio ☐ Megaphone ☐ Cell phone ☐ Intercom ☐

Security Cameras on site (check all that apply): None ☐

Office ☐ Entrances/Exit ☐ Parking lot ☐ Sanctuary ☐

Fellowship Hall ☐ Nursery ☐ Entire building ☐ Entire campus ☐

Can security system/cameras be remotely accessed? Yes ☐ No ☐

Primary contact in case of Emergency/Disaster:

Name & Title

Cell phone # _____

Email address _____

Back-up contact in case of Emergency:

X

Name & Title

Cell phone # _____

Email address _____

Do you have an organized emergency/disaster response team? _____

PART 2: DISASTER RESPONSE RESOURCE CHECKLIST

1. Is your church currently designated as an evacuation or emergency shelter by another community agency? Yes ☐ No ☐

If yes, which agency (eg. Red Cross) _____

If no, is your church willing to make its facility available during a time of disaster in your area? Yes ☐ No ☐ Unsure ☐

2. Does your insurance policy cover the housing of temporary workers living and working on site? Yes ☐ No ☐

If no, are you willing to pursue to amend policy accordingly? Yes ☐ No ☐

If your church is willing to participate in disaster recovery, please indicate below to what extent you would be able to participate.

3. Facility(ies) for use as:

☐ Mass Shelter ☐ Mass feeding ☐ Housing volunteers

☐ Office/Relief Center ☐ Collection/Storage/Distribution

☐ Childcare Center ☐ Medical Aid Center ☐ Parking

☐ Other (pleased describe) _____

4. Could Contribute Volunteers As Indicated

☐ Pastoral Care ☐ Professional Counseling ☐ Social workers

☐ Medical Workers ☐ Doctors ☐ Nurses ☐ Paramedics

☐ Communication Liaison ☐ Administrative ☐ Drivers/Shuttle crew

☐ Clean-up crews ☐ Building crews ☐ Heavy equipment operators

☐ Kitchen crews ☐ Disaster Response team

Other (please specify)_____

☐ Existing clothes closet program ☐ Clothing drive

☐ Blankets ☐ Existing Food Pantry ☐ Food/water collection

☐ Furniture ☐ Tents ☐ Cleaning equipment & supplies

☐ Cots ☐ Other (specify)_____

6. Equipment

☐ Vehicles (specify type): _____

☐ Trailer ☐ Generator ☐ Hand tools ☐ Power tools

☐ Tents ☐ Chainsaws

7. Community Resources Nearby

Approximate Distance to nearest:

Police/Sheriff _____ Fire Station _____ Hospital _____ Urgent Care _____

Hardware Store _____ Grocery Store _____ Airport _____

Nearest Waste Disposal Station:

Trash: _____

RV Sewage: _____

8. Insurance Information

Is Homestead Presbytery listed on the churches insurance? Yes [] No []

Insurance Company _____

Address _____

City/State/Zip _____

Phone Number _____

Policy # _____

Insurance Agent _____

Address _____

City/State/Zip _____

Phone Number _____

DATE FORM WAS COMPLETED _____