



Calvary Episcopal Church 1615 First Street Indian Rocks Beach, FL 33785

The Church Disaster Preparedness Program
2010

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Calvary Episcopal Church



in the Diocese of Southwest Florida

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The Reverend Robert A. Wagenseil, Jr., *Rector*

The Reverend Melissa Sands, *Deacon*

Parish Evacuation Preparedness Survey

The Church Disaster Preparedness Program does not replace emergency services provided by government agencies. However, we are concerned with your welfare and your personal situations. These survey forms will assist the Church Disaster Preparedness Committee to identify individuals that need assistance and individuals that wish to volunteer their services.

It is important that all members respond to this request.

Your church wants to be prepared in case of an evacuation, emergency or disaster. As you are aware, recent disasters have proven that those who were prepared had a much better chance of survival. If you have any questions about these forms, you can contact the person below.

Please return completed forms to the church office:

Calvary Episcopal Church
1615 First Street
Indian Rocks Beach, FL 33785

Evacuee/Host Home Contact Person:

Jo Simpson

Phone: (727) 596-0642

2010 – FAMILY PLAN

Please Print

Name: _____ Age: _____ Gender: M F

Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Please list the Name _____ Age _____ Gender: M F

names of Name _____ Age _____ Gender: M F

people in Name _____ Age _____ Gender: M F

your home. Name _____ Age _____ Gender: M F

(if more space is needed please add to back of this page names, age and gender)

1. Flood Zone/Evacuation Level of your residence (circle): **A B C D E non-evac area not sure**

Do you live in a mobile home? **Yes No**

2. In the event you are forced to evacuate you and your family intend to do?

___ haven't made any plans

___ leave the city – to go where: _____ Phone: _____

___ stay with relatives/friends – Address: _____ Phone: _____

___ go to a motel – where: _____

___ go to a Red Cross Shelter – Location: _____

___ I am pre-registered at the following special needs shelter: _____

* If you do have special needs and haven't pre-registered, do you need additional information? **Yes No**

** If you are home bound and require special assistance with transportation to a shelter, contact your local fire department soon to determine if they could help you should there be a disaster.

3. Information of a contact person outside the area in case we are unable to locate you:

Name _____

Address _____

Home Phone (with area code) _____ Cell Phone _____

*In an emergency, this information could be beneficial to the local county emergency management agencies or your out-of-town loved ones who could be concerned about your safety and location.

HOST HOME RESPONSIBILITIES

The following duties should be performed by the person in charge of a Host Home.

- Provide a protected “safe” area/room. This is usually a room in the center of your home. A room with small or few windows. It should be an interior room, bathroom, closet, etc. (See Pinellas County’s Hurricane Home Protection Guide, available from the Department of Emergency Management, 462-3800.)
- Provide safe, adequate sleeping accommodations and bedding for evacuees.
- Provide space to securely store personal items and clothing.
- Inform Calvary of any changes to your Host Home availability such as vacations, etc.
- *If possible*, First Aid and CPR training should be taken by someone in the Host Home.
- Provide/supplement necessary food and water for evacuees and occupants. Evacuees may be asked to contribute to food or other supplies.
- Maintain a 3-5 day supply of essential for yourself and each evacuee. These items are listed on the Supply List at the back of this package.

EVACUEES (to a host home) RESPONSIBILITIES

The following duties are the responsibility of the guest evacuee.

- Bring any needed medications with instructions, eyeglasses, or special equipment to Host Home when evacuated.
- Maintain a personal emergency supply kit to be used for an evacuation which would include, not only medications, but also several days supply of clothing, personal hygiene items, and pillows or special bedding
- Bring any important personal documents, such as insurance cards.
- Bring a set of house keys and other vital key (such as safe deposit box, etc.)
- If possible and practical, bring a supply of non-perishable food items, water containers, and any special foods to the Host Home.
- Provide Calvary with any necessary personal information such as out-of-town family contacts, medical contacts, etc.
- If you will be bringing any pets to the Host Home location, be sure to bring with you any necessary food, traveling containers or other needed items, such as a cat litter box, dog leashes, dishes and toys.

2010- HOST HOME FORM

Please print:

Name: _____ Age: _____ Gender: M F

Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Flood Zone/Evacuation Level of your residence (circle): **A B C D E non-evac area not sure**

How many evacuees could you accommodate? **1 2 3 4 5 6 7 8 9 10**

(Please check all that apply)

Will you accept:

- | | |
|---|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Special Dietary Needs Person |
| <input type="checkbox"/> Adults w/pets | <input type="checkbox"/> Special Physical Needs Person |
| <input type="checkbox"/> Small Children | <input type="checkbox"/> Special Medical Needs Person |
| <input type="checkbox"/> Female / <input type="checkbox"/> Male | <input type="checkbox"/> Smokers |

Could you provide transportation for the evacuees to your home? **Yes No**

Following a disaster if your home is still usable, would you offer housing to victims once they leave a shelter? **Yes No**

In addition to the above requirements:

Would they be able to stay with you: **a few days** **1to 2 weeks**

Could the person(s) have visitors during the day or evening for an hour or two? **Yes No**

Would you request that they sign a release of liability? **Yes No**

*It is expected that the individuals that you host will bring needed medical equipment, medication and special dietary needs. You may also request assistance with food or other supplies that might be needed (such as drinking water, flashlights, radio, etc.) while they are guests in your home. Should your evacuees require housing assistance for longer than you can provide, every effort will be made by Calvary to find the additional necessary housing

2010 –EVACUEE TO HOST HOME FORM

Please print:

Name: _____ Age: _____ Gender: M F

Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

1. If you must evacuate and have no plan, would you be willing to go a parishioner's host home? **Yes No**

2. If so, would you need transportation to your host home? **Yes No**

3. How many people in your home need to be evacuated? _____

4. Are you (or they) a smoker? **Yes No**

5. Do you have special medical needs, *i.e.* medications, use of oxygen, allergy to smoke or pets?

(Please list) _____

6. Will you need to bring with you any of the following:

___ wheel chair ___ walker ___ cane ___ raised toilet seat ___ special tub needs

___ other (please be specific) _____

7. Do you have special dietary needs? **Yes No** (if Yes, you will be expected to provide for these)

Please list (be specific) _____

8. Do you have pets to be evacuated? **Yes No**

___ Cat ___ Dog ___ Bird ___ Other _____

Volunteer / Equipment Form

Name: _____

Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Please check all that apply:

- **Would you volunteer as a Disaster Preparedness Action Response Team Member?**

- Help the church now to become prepared
- Call church members to make sure they are safe after a local disaster
- Help with community survey after a local disaster
- Volunteer if we open a shelter
- Serve on a work team:
(locally outside city outside state)

- **Do you have special talents that can be utilized following a disaster?**

- Cook
- Construction Experience
- Licensed Mental Health Therapist
- Medical:
(Doctor Nurse Paramedic Pharmacist Other)
- Organizational Skills
- Pastor
- Stephen Minister
- Trained Red Cross Volunteer
- Other: _____

- **Do you have special equipment, which could be used if necessary, such as:**

- Truck
- Travel trailer
- RV
- Generator
- Pump
- Chain Saw
- Wet Vacuum
- Ham radio
- Satellite Phone
- Page 7

DISASTER SUPPLIES KIT

Here are the most important items for your disaster supplies kit.

Stock up today and store in a water-resistant container.

- 9 two- week supply of prescription medicines
- 9 two- week supply of nonperishable/special dietary foods
- 9 drinking water/containers: 1 gallon per person, per day (minimum of 3 days)
- 9 flashlights and (seven sets) batteries for each member of the family
- 9 portable radio and (seven sets) batteries
- 9 telephone for phone jack only (not needing electricity such as portable telephones)
- 9 mosquito repellent and citronella candles
- 9 fire extinguisher (small canister, ABC type)
- 9 first aid book and kit, including bandages, antiseptic, tape, compresses, aspirin and nonaspirin pain reliever, anti diarrhea medication , antacid, syrup of Ipecac (used to induce vomiting if advised by the Poison Control Center)
- 9 instant tire sealer
- 9 whistle and/or distress flag
- 9 two coolers (one to keep food; one to go get ice)
- 9 plastic tarp, screening, tools and nails, etc.
- 9 plastic trash bags
- 9 water purification kit (tablets, plain chlorine and iodine)
- 9 infant necessities (sterile water, diapers, ready formula, bottles)
- 9 clean up supplies (mop, buckets, towels, disinfectant)
- 9 camera and film
- 9 nonelectric can opener
- 9 garbage can or bucket with tight fitting lid (for emergency toilet)
- 9 toilet paper, paper towels, premoistened towelettes

If you evacuate, also take:

- 9 pillows, blankets, sleeping bags or air mattress
- 9 extra clothing, shoes, eyeglasses, etc.
- 9 folding chairs, lawn chairs, or cots
- 9 personal hygiene items (toothbrush, toothpaste, deodorant, etcA)
- 9 quiet games, books, cards, and favorite toys for children
- 9 important papers (driver=s license, special medical information, insurance policies and property inventories)

Precious commodities before and after a storm:

- 9 Cash (with NO power - banks may be closed, check and credit cards unaccepted, and ATMs may not work)
- 9 Charcoal, wooden matches, grill
- 9 Ice
- 9 Fill you car with gas a couple days early to avoid line and if possible carry an extra gas can.

IMPORTANT CONTACT INFORMATION

Pinellas County 464-3800 www.pinellascounty.org

FEMA 1-800-621-3362 www.fema.gov

Salvation Army www.salvationarmy.org

American Red Cross www.redcross.org

Tampa Bay Chapter:

Address: 3310 West Main Street, Tampa FL 33607

Email: tampabay@tampabay.redcross.org

Phone: 813-348-4820 Fax: 813-348-4830

Website: www.redcross.tbc.org

Disaster News Network www.disasternews.net

FIND (Florida Interfaiths Networking in Disaster) 352-754-6735 www.findflorida.org

In the aftermath of the storm . . .

BEWARE OF FRAUD!

There are, unfortunately, many folks out there that will try to defraud others after a disaster strikes. Be on the lookout for the following:

- **REMEMBER** if a price seems too good to be real, it probably is. After Hurricane Charley we heard of numerous reports of people being quoted a price to have work done and either paying in cash and having the person never come back, or being quoted one price and billed another.
- **NEVER** give cash for a job prior to its completion.
- **ALWAYS** be sure anybody you're dealing with for repair work of any sort is a licensed contractor or personally known to you.
- **LOOK FOR ID!** FEMA agents and Red Cross volunteers all have picture ID that clearly shows they are legitimate. Don't deal with someone claiming to be from FEMA or Red Cross who does not have a picture ID.
- **INSURANCE FRAUD** – Some insurance companies are requiring that clients pay them (the insurance company) the deductible (either by cash, check, or credit card) prior to settling the insurance claim. This procedure is not legal and should be reported to the Division of Consumer Services of the Florida Department of Financial Services, 1-800-227-8676.