



**Voluntary Organizations Active in Disasters ~VOAD
Survey of Available Congregational Resources**

Please complete the following survey as accurately as possible. This information is critical in determining how best to use each congregation's available resources in both small and mass care emergency situations. For questions or additional information:

Rick Deal
rdeal@co.schuylkill.pa.us
(570) 622-3739

Please place an * by all confidential numbers and email address. Please print clearly.

Cover Sheet

Congregation Name: _____ Phone: _____

Street Address: _____

Mailing Address: _____

City _____ State: _____ Zip: _____ Email: _____

Contact Person _____ Email: _____

Phone: Daytime _____ Evening _____

Weekend _____ Cell _____

Secondary Contact Person: _____ Email: _____

Phone: Daytime _____ Evening _____

Weekend _____ Cell _____

Congregation _____

Please indicate with "X" all services your agency could provide in a disaster.

FOOD/WATER

- | | |
|---|--|
| <input type="checkbox"/> Coordination of Services | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Food | <input type="checkbox"/> Preparation |
| <input type="checkbox"/> Water | <input type="checkbox"/> Serve |
| <input type="checkbox"/> Collection | <input type="checkbox"/> Infant Formula |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Provide Special Dietary Needs |
| Other _____ | |

Additional Comments _____

CLOTHING

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Coordination of Services | Appropriate for: |
| <input type="checkbox"/> Collection | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Child |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Infant |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Diapers |
| Other _____ | |
| Additional Comments _____ | |
| _____ | |

SHELTER/HOUSING

Mass Care

- | | |
|----------------------------|---------------------------|
| Facility Location _____ | Number of bathrooms _____ |
| _____ | Number of showers _____ |
| Capacity for _____ people. | Number of cribs _____ |
| Number of cots _____ | Are pets accepted? _____ |
| Number of blankets _____ | Other _____ |
| Kitchen available? _____ | _____ |

Shelter Operation

- Shelter Management
- Set-up
- Intake Registration
- Shelter maintenance/cleaning
- Other _____
- Additional Comments _____

Short-Term

- Shelter
- Motel Voucher

Congregation _____

Housing Items:

- _____ Bedding
- _____ Furniture
- _____ Appliances

- _____ Kitchen items
- _____ Damage Assessment
- _____ Building Repair
- _____ Building Materials

Other _____
Additional Comments _____

TRANSPORTATION/WAREHOUSING

_____ Coordination of Services

Available Vehicles:

- _____ Plane
- _____ Truck
- _____ Bus
- _____ Van
- _____ Auto
- _____ Snowmobile
- _____ Handicapped accessible vehicle

Support:

- _____ Pilots
- _____ Drivers
- _____ Traffic Control
- _____ Pick up/Delivery Staff

Storage Facility:

- _____ Refrigerated
- _____ Freezer
- _____ Dry Storage

- _____ Equipment Repair
- _____ Fuel

Other _____
Additional Comments _____

SOCIAL SERVICES

- _____ Coordination of Services
- _____ Psychologists/Psychiatrists
- _____ Social Workers
- _____ Counselors
- _____ Referral Services
- _____ Search and Rescue
- _____ Trace Missing Persons
- _____ Family Reunification
- _____ Child Care

- _____ Elder Care
- _____ Foreign Language Interpreters
 - _____ Spanish
 - _____ Other _____
- _____ Sign Language
- _____ Visual Disabilities?
- _____ Emotional/Physical Special Needs

Other _____
Additional Comments _____

Congregation: _____

Financial Assistance

<input type="checkbox"/> Rent	<input type="checkbox"/> Prescription Drugs
<input type="checkbox"/> Utility Bills	<input type="checkbox"/> Emergency Travelers Aid?
<input type="checkbox"/> Building Materials	<input type="checkbox"/> Gasoline
Other _____	
Additional Comments _____	

COMMUNICATIONS

<input type="checkbox"/> Coordination of Services	<input type="checkbox"/> Radio Equipment
<input type="checkbox"/> Facility	<input type="checkbox"/> HAM Radio Operators
<input type="checkbox"/> Phone Banks	<input type="checkbox"/> Computers
<input type="checkbox"/> Phone Bank Staffing	<input type="checkbox"/> Internet Services
<input type="checkbox"/> Cell Phones	<input type="checkbox"/> Data Entry Personnel
Other _____	
Additional Comments _____	

Has your congregation developed procedures to implement your disaster response services?

_____ Yes _____ No

Submitted by: _____ Date: _____

Please mail this form to the address below or fax it to Rick Deal at 570-621-9999, or email it to rdeal@co.schuylkill.pa.us.

**Schuylkill County VOAD
c/o Rick Deal
Schuylkill County Emergency Management Agency
435 North Centre Street
Pottsville, PA 17901**