

YEAR: \_\_\_\_\_

## HURRICANE PREPAREDNESS QUESTIONNAIRE FOR ST. JOHNS MEMBERS, STAFF AND VOLUNTEERS

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

1. Are you in a mandatory evacuation zone? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know: \_\_\_\_\_

2. In the event you need or want to evacuate, what are your plans? (check one):

No plans yet

Leave the county and go to: Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Stay local with family/friends/go to motel: Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Go to a shelter: Location: \_\_\_\_\_

3. Are you planning to shelter in place regardless of any evacuation order? Yes \_\_\_\_\_ No: \_\_\_\_\_

4. Do you have any special needs to address if evacuating or sheltering in place that St. John's can help with? Yes \_\_\_\_\_ No \_\_\_\_\_

How can we help?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you willing to host another St. John's member/staff/volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

### Emergency Contact\*

Please provide an emergency contact that we can call after the storm in the event we are unable to contact you to check on your status:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

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