 

Episcopal Diocese of San Diego

Disaster Preparedness Plan

(Basic Version)

Disaster Plan For

{Church Name}

Church:

 Phone:

 Address:

Disaster Coordinator:

 Phone:

 Cell-phone:

 Email Address:

Completed By:

Completed Date:

Date of Next Review:

(*The disaster plan should be updated annually*)

Diocesan Contact Information

**Instructions: Provide information relevant to the Episcopal Diocese of San Diego**

1. Bishop:

Name: James Mathes

Work Phone: 619-481-5450

Email Address: bishopmathes@edsd.org

1. Canon to the Ordinary:

Name: Allisyn Thomas

Cell Phone: 619-823-2887

Work Phone: 619-481-5451

Email Address: athomas@edsd.org

1. Chief of Staff/Canon for Mission Enterprise:

Name: Nancy Holland

Cell Phone: 619-823-8998

Work Phone: 619-481-5452

Email Address: nholland@edsd.org

1. Canon for Finance & Administration/Treasurer:

Name: Julie Young

Cell Phone: 619-213-2785

Work Phone: 619-481-5453

Email Address: jyoung@edsd.org

1. Communications Director:

Name: Hannah Wilder

Cell Phone: 619-200-5036

Work Phone: 619-481-5456

Email Address: hwilder@edsd.org

Diocesan Contact Information Cont.

1. Disaster Preparedness Committee:

Name: Mike Collier

Cell Phone: 760-753-0556

Email Address:colliermh@gmail.com

Name: Keen Haynes

Cell Phone: 949-280-7817

Alt Phone: 951-694-8176

Email Address:keenallr@yahoo.com

Name: Sydney Ann Oswald

Cell Phone: 760-815-7670

Email Address:sydann@live.com

 Name: Neil Malmquist

 Cell Phone: 619-507-6359

 Email Address: nmalmq@sbcglobal.net

Name: JT Evans
Cell Phone: 760-310-0468

Email Address: jtevans77@yahoo.com

Congregational Contact Information

**Instructions: Complete the contact information for your Disaster Coordinator and Disaster Preparedness Team. This information should be completed even if there is only one member. Add additional rows as needed**

1. Rector / Vicar:

Name:

Role:

Email Address:

Phone:

Cell-phone:

Address:

1. Disaster Team:

Name:

Role:

Email Address:

Phone:

Cell-phone:

Address:

Name:

Role:

Email Address:

Phone:

Cell-phone:

Address:

Name:

Role:

Email Address:

Phone:

Cell-phone:

Address:

Congregational Contact Information Cont.

**Instructions: People with specials needs will be more vulnerable during a disaster. List these individuals and the problems they may face and how your Disaster Preparedness Team or other members of the congregation can assist them. Add additional rows as needed**

1. Vulnerable Congregational Members:

Name:

Phone:

Cell-phone:

Address:

Need:

Name:

Phone:

Cell-phone:

Address:

Need:

Name:

Phone:

Cell-phone:

Address:

Need:

Name:

Phone:

Cell-phone:

Address:

Need:

Insurance Information

**Instructions: Complete this list of insurance information and contacts. Be sure to have this information available in an off-site location.**

Policy Number:

Policy Is With:

 Company Name:

Phone:

 Address:

Agent:

 Name:

Phone:

 Address:

Policy Type:

 Coverage Amount:

Location of Original Policy:

 Kept By:

 Phone:

 Address:

Offsite Copy of Policy:

 Kept By:

 Phone:

 Address:

Policy Review:

 Completed By:

 Completed Date:

Next Review Due:

Asset Inventory:

 Photos: (Y/N)

 Kept By:

 Phone:

 Address:

 Completed By:

 Completed Date: