 

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](mailto: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](mailto: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](mailto: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](mailto:jyoung@edsd.org)

1. Communications Director:

Name: Hannah Wilder

Cell Phone: 619-200-5036

Work Phone: 619-481-5456

Email Address: [hwilder@edsd.org](mailto:hwilder@edsd.org)

Diocesan Contact Information Cont.

1. Disaster Preparedness Committee:

Name: Mike Collier

Cell Phone: 760-753-0556

Email Address:[colliermh@gmail.com](mailto:colliermh@gmail.com)

Name: Keen Haynes

Cell Phone: 949-280-7817

Alt Phone: 951-694-8176

Email Address:[keenallr@yahoo.com](mailto:keenallr@yahoo.com)

Name: Sydney Ann Oswald

Cell Phone: 760-815-7670

Email Address:[sydann@live.com](mailto:sydann@live.com)

Name: Neil Malmquist

Cell Phone: 619-507-6359

Email Address: [nmalmq@sbcglobal.net](mailto:nmalmq@sbcglobal.net)

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

Email Address: [jtevans77@yahoo.com](mailto: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: