

Matthew 25 Disaster Preparedness and Response Ministry
PARISH MEMBERSHIP FORM

Parish Name: _____

Pastor: _____ Matthew 25 Coordinator: _____

Parish Address: _____

Mailing Address: _____

Contact Phone: _____ Fax: _____ Emergency Phone: _____

E-Mail 1: _____ E-Mail 2: _____

Please check the volunteer units that your parish selected to provide in the event of the need for disaster response from your parish.

- | | |
|--|--|
| <input type="checkbox"/> Registration and Needs Assessment Unit | <input type="checkbox"/> Laundry Services Unit |
| <input type="checkbox"/> Food Preparation and Distribution Unit | <input type="checkbox"/> Child Care / Activities Unit |
| <input type="checkbox"/> General Supplies Collection / Distribution Unit | <input type="checkbox"/> Pet Care Unit |
| <input type="checkbox"/> Religious Services / Pastoral Care Unit | <input type="checkbox"/> Mental Health Services Unit |
| <input type="checkbox"/> Transportation / Relocation Unit (Project Starfish) | <input type="checkbox"/> Local Transportation Services Unit |
| <input type="checkbox"/> Medical Care Services Unit | <input type="checkbox"/> General Services / Maintenance Unit |
| <input type="checkbox"/> Medical Supplies Collection / Distribution Unit | <input type="checkbox"/> Communication Support Unit |

Additional Comments:

