

Contingency Plan (States)

Faith Ventures Insurance

For travel and medical emergency (24 hours)

Continental USA: 1-855-892-6495

International Collect: 001-603-328-1373

Project Description:

Location: _____

Date: _____

Time Difference:

Field Team Leader [Deployment] Contact Information

Team Leader

Name: _____
Phone: _____
Email: _____

Security Field Leader

Name: _____
Phone: _____
Email: _____

Check-In Person

Name: _____
Phone: _____
Email: _____

Crisis Manager Contact Information:

Name: P. Duane Murray
Phone: 615-319-5679
Phone: #2 615-791-8319
Email: dmurray@tsclife.org

Name: Gary Bowman (Chairman)
Phone: 630-440-3334
Email: Garbow61@hotmail.com

Name: _____
Phone: _____
Phone: #2 615-791-8319
Email: _____

Host Contact Information:

Name: _____
Phone: _____
Email: _____
Website: _____

Organization: _____
Address: _____
Other: _____

Place you are staying:

Name: _____
Phone: _____
Email: _____

Address: _____

Hospital Information:

Name: _____
Distance: _____
Phone: _____
Website: _____
Address: _____

Clinic Information:

Name: _____
Distance: _____
Phone: _____
Website: _____
Address: _____

Emergency Evacuation Options (Specify two):

1. _____
2. _____

Emergency Funds (Specify two sources):

3. _____
4. _____

STS (Short Truthful Statements) provide 2 statements for why you are there, non-church statements:

1. _____
2. _____

Risk Assessment Form

Date Filled Out: _____

The USA Crime rating descriptions are expressed below:

1-51 1-51 represents each of the States in the USA.
1 represents state with lowest crime, while 51 represents state with most crime.

Office Use Only

State Risk Rating: _____

| Host State | | Area Lodging | | Area Ministering | |
|------------|--|--------------|--|------------------|--|
| _____ | | _____ | | _____ | |
| _____ | | _____ | | _____ | |

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Good Bad Mixed

Good Bad Mixed

Good Bad Mixed

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Please List the names where you will be:

*Please list on a separate sheet if answer is Yes

Communication

Are there communication systems available? What kind?

Host: _____

Staying: _____

Ministering: _____

Transportation

Is there transportation systems available? What Kind? (If no please explain your means of transportation)

Host: _____

Staying: _____

Ministering: _____

Security

*Have there been kidnappings of Tourists/Visitors?

*Are there violent activities?

*Is the risk of robbery prevalent?

What is the Political Climate? (If Bad Explain)

Weather/Epidemics

*Are there risks of weather concerns during your stay?

*Are there any epidemics (Malaria, Zika, etc.) currently?

Medical

Are there medical facilities available?

For routine injury or sickness?

For more serious events?

Flight & Trip Itinerary

Flight Information

| Date | Departure Place | Arrival Place | Departure Time | Arrival Time | Flight | Flight Number |
|------|-----------------|---------------|----------------|--------------|--------|---------------|
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Trip Itinerary

| Date | Day | From | To | Miles/Time to Project | Description of Project |
|------|-----|------|----|-----------------------|------------------------|
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Team Members Emergency Contact Information

| | Team Member | Emergency Contact | Relationship | Phone # | Email |
|----|-------------|-------------------|--------------|---------|-------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
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