Savannah Heritage Emergency Response (SHER)
2013 Membership Form

PLEASE PRINT YOUR RESPONSES OR FILL OUT ELECTRONICALLY

FACILITY SUMMARY
Agency Name _____________________________________________________________
Agency Physical Address _________________________________________________
Agency Mailing Address _________________________________________________

If your agency has additional properties, please list below. Use a second sheet if necessary.
Site _________________________________________________________________
Site _________________________________________________________________
Site _________________________________________________________________

REPRESENTATIVES
Please submit a mobile phone number and web-based email so we can reach you during an emergency or evacuation. You may also add your office phone, if you prefer another number for non-emergencies.

Full Voting Representative (Name & Title) _______________________________
Phone: ___________________________ Email: _______________________________

Associate Representative (Name & Title) _______________________________
Phone: ___________________________ Email: _______________________________

Associate Representative (Name & Title) _______________________________
Phone: ___________________________ Email: _______________________________

Contact information of the person with decision-making authority over building and collections post-disaster (Name & Title) _______________________________
Phone: ___________________________ Email: _______________________________

Your Disaster Recovery Contractors or Vendors (Name & Title) _______________________________
Phone: ___________________________ Email: _______________________________

STAFFING
Full-Time Staff
Part-Time staff
Volunteers

(see other side)

SUBMISSION DATE: __________ VOTE DATE: __________ STATUS: ___ Approved ___ Rejected*

*Reason for rejection: ____________________________________________________________
ALTERNATE CONTACTS:

Please list alternate contacts who aid in disaster response and recovery. They do not have to be members of SHER.

Name & Title
Cell Phone: Email:

Name & Title
Cell Phone: Email:

POTENTIAL VOLUNTEERS FOR BASE CAMP or DAMAGE ASSESSMENT TEAMS (this does not obligate anyone at all)

Name & Title
Cell Phone: Email:

Name & Title
Cell Phone: Email:

Type of Agency

_____ Historic Structure
_____ Landscape/Garden
_____ Art Collections
_____ Object Collections
_____ Archival/Library Collections
_____ Living Specimen Collections
_____ Emergency Response
_____ Other

COLLECTION SUMMARY
Description of collection(s) maintained by the Agency. Please include a rough size estimate for the various types of collections.

GOVERNMENT AGENCIES ONLY - FREEZER SPACE NEEDS: Requires that staff is present at base camp.

Please indicate how many cubic feet of freezer space your agency may require to salvage wet materials after a major hurricane. ______________________________________________________________________ cubic feet

ADDITIONAL NOTES/COMMENTS/SUGGESTIONS

Name & Date of Person filling out form
Phone: Email:

Mail completed form to: Lynette Stoudt, SHER c/o Georgia Historical Society, 501 Whitaker St, Savannah, GA 31401

Email completed form to: LStoudt@georgiahistory.com