## **Religious Gathering Security Needs Assessment Form**

Event Information	
Event Name	
Date	
Date	$\neg$
Time	
Location/Venue	
Location/venue	
Expected Attendance	
Event Organizers	
Organizer Name	
Organizzi ivanic	
Contact Information	
Security Overview	
Known Security Concerns	
Past Security Incidents (if any)	
Access & Entry	
Number of Entry/Exit Points	

Access Control Measures Planned

Personnel & Volunteers	
Number of Staff/Security Personnel	
Volunteer Roles Related to Security	
Emergency Preparedness	
On-site Medical Support	
Emergency Evacuation Plan	
Local Emperoracy Contacts	
Local Emergency Contacts	
Additional Comments / Concerns	