WORKSHEET

Identify Your Team

Directions

1. Collect and write down contact information of the core members of your crisis response team. This could include key decisionmakers, external coordinators, internal coordinators, board liaisons, partner liaisons and others.
2. Ensure both primary and backup contacts are fully briefed on their responsibilities.
3. Use this model to build the team and add team members as needed.

Team and roles

Key decisionmaker (e.g., commander / lead)

Holds ultimate authority to activate the crisis plan, approve major expenditures and make final strategic decisions.

PRIMARY CONTACT

Name:

Cell: _____

Email: _____

Title (internal):

[e.g., CEO / Executive Director]

Phone (Alt 1): _____

Phone (Alt 2): _____

BACKUP CONTACT

Name:

Cell: _____

Email: _____

Internal lead

Manages all aspects of the crisis response.

PRIMARY CONTACT

Name:

Cell: _____

Email: _____

Title (internal):

[e.g., Communication Manager / Director]

Phone (Alt 1): _____

Phone (Alt 2): _____

BACKUP CONTACT

Name:

Cell: _____

Email: _____

External coordinator

Manages public relations, media inquiries, press releases and public-facing statements.

PRIMARY CONTACT

Name:

Cell: _____

Email: _____

Title (internal):

[e.g., Communications Director]

Phone (Alt 1): _____

Phone (Alt 2): _____

BACKUP CONTACT

Name:

Cell: _____

Email: _____

Staff coordinator

Focuses on employee safety, internal messaging, staff updates and operational continuity.

PRIMARY CONTACT

Name:

Cell: _____

Email: _____

Title (internal):

[e.g., HR Director / COO]

Phone (Alt 1): _____

Phone (Alt 2): _____

BACKUP CONTACT

Name:

Cell: _____

Email: _____

Board liaison

Keeps the Board of Directors or governance entities informed of status updates and high-level liabilities.

PRIMARY CONTACT

Name:

Cell: _____

Email: _____

Title (internal):

[e.g., Corporate Secretary / Board Chair]

Phone (Alt 1): _____

Phone (Alt 2): _____

BACKUP CONTACT

Name:

Cell: _____

Email: _____

Partner liaison

Coordinates with key external stakeholders, critical vendors, partners, or legal counsel.

PRIMARY CONTACT

Name:

Cell: _____

Email: _____

Title (internal):

[e.g., Partnership Manager / Legal Counsel]

Phone (Alt 1): _____

Phone (Alt 2): _____

BACKUP CONTACT

Name:

Cell: _____

Email: _____