Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Map #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home GPS Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment # (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # (if any):\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Residents: \_\_\_\_\_ Pets:\_\_\_

Defensible space has been created at my residence \_\_\_\_yes \_\_\_\_no

|  |  |
| --- | --- |
|   | **Adult Residents (18 years and older)**  |
|   | **NAME:** | **Cell Number:** | **Email Address:**  | **Special Needs:** |
| **1** |   |   |   |   |
| **2** |   |   |   |   |
| **3** |   |   |   |   |
| **4** |   |   |   |   |

Adult Skills (place a checkmark next to applicable skills; insert adult # (from list above) who has the skill):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill:** | **Adult #:** | **Skill:** | **Adult #:** | **Skill:** | **Adult #:** |
| First Aid Certified |   | Child Care |   | Elder Care |   |
| Nurse or EMT |   | Medical M.D.  |   | Fire fighting |   |
| Crisis counseling |   | Search & Rescue |   | Flagger trained  |   |
| Plumbing |   | Carpentry |   | Electrical |   |
| Runner |   | Organizing |   | CERT Trained  |   |

|  |
| --- |
| **Children (under 18)**  |
| **Name of child (oldest first):** | **Child's cell #:** | **Birth Year:** | **Special Needs:**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Pet Type:** | **Pet Name:** | **Special Needs / Notes:** |
|   |   |   |
|   |   |   |

|  |  |  |
| --- | --- | --- |
| **Emergency Contact: (first & last name)** | **Phone number:** | **Email:** |
|   |   |   |
|   |   |   |

Resources / Equipment / Supplies: (place a checkmark in the item is usually available at the residence):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Resource** | **√** | **Resource** | **√** | **Resource** | **√** | **Resource** | **√** |
| Electrical generator |   | Alternate heat source |   | Propane grill |   | Camp stove |   |
| First Aid Supplies |   | Bedding |   | Tent |   | Rope |   |
| Fire Extinguisher |   | Hoses |   | NOAA Radio |   | Walkie-Talkies (FRS radios) |   |
| HAM Radio |   | Solar-Powered charger |   | Tractor / backhoe |   | RV / Camper |   |
| Crowbar |   | Ladder |   | Chainsaw |   | Backboard |   |

In an emergency the following is offered at this residence:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child -care Center |   | Meeting/Gathering center |   | First aid center |   |
| Communications post |   | Pet care center |   |   |   |

Gas shut-off location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Propane tank?\_\_\_\_\_\_\_ If yes, location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information: (spare key/travel notification person/special skills/ etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: Person reporting info for household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neighborhood organizer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neighborhood ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_