

Emergency Preparedness Questionnaire

Name: _____

Address: _____

Phone number: _____ Email: _____

How many people are in your household including yourself: _____

What skills/services would/could you volunteer to our neighborhood in the event of a large-scale emergency? Circle all that apply:

- a. Doctor/nurse: Active Retired
- b. First aid or CPR trained
- c. Search and Rescue
- d. Child care (visiting children possible)
- e. Veterinarian: Active Retired
- f. Pet care/enclosure
- g. Crisis counselor
- h. Construction |electrician | plumber |logger
- i. Community Emergency Response Team (CERT) trained
- j. Firefighter/Emergency Medical Technician
- k. HAM radio operator
- l. Hazardous road driving (4-wheeling)
- m. Other (describe below)

What equipment or supplies do you have that you might be willing to share, especially in case of disaster? Circle each item.

- a. First aid | medical supplies
- b. Walker | wheel chairs | crutches
- c. Spare Bedroom | bedding | tent |cot
- d. Non-Electric: heater | stove |lantern
- e. Generator and/or accessories
- f. Non-Electric radio (crank, solar, battery)
- g. Portable (e.g. camp) toilet
- h. Water filters or treatment
- i. Walkie talkies
- j. Ladder(s): Length(s)_____
- k. Tools: Crow bar | ax | chainsaw | shovel
- l. Snow Shovel
- m. 4WD/AWD: Car | Pickup | Van | SUV
- n. Other (describe below)

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What assistance and support needs are in your household that emergency responders should be aware of during a disaster? Circle all that apply.

- a. Medications
- b. Walking aid
- c. Mobility or balance issues
- d. Vision | Hearing | Speech Impairment
- e. Need Dentures | eye glasses | hearing aids
- f. Special Diet
- g. Specialized medical supplies (insulin, ostomy, tube feeding, bandages, etc.)
- h. Supplemental oxygen
- i. Assistance with activities of daily living
- j. Dementia or other cognitive disability
- k. Dialysis or other medical procedure
- l. Transportation
- m. Other (describe below)

Do you have pets that might need attention in case of an emergency?

How Many? _____

What kind? _____

Special considerations? _____

Comments

The SVOA Preparedness Committee is always looking for more participants to help our community become more disaster resilient. Would you like to participate? _____

Privacy Notice: This information will be kept confidentially within the confines of the SVOA neighborhood. However, in the event of a local disaster, this information may be shared with the official Emergency Responders entrusted to provide us aid.