



Created by Be Ready, Inc.
www.bereadyinc.com

EMERGENCY PREPAREDNESS QUESTIONARRE
<http://www.bereadyinc.com/DOWNLOAD>

To voluntarily help your neighborhood, we are asking everyone to fill out this questionnaire and come to an organizational meeting to creatively discuss and actively plan ways in which our neighborhood can prepare in advance for emergency situations. This information will not be used for any other purpose.

Meeting date: _____ Time: _____ Phone # to RSVP: _____
Meeting place: _____

Your name and address: _____

Phone: _____ cell _____

Useful skills in the event of an emergency: (ex. Nursing, communications, cooking, teaching, child care, camping, etc.) _____

Are you willing to participate in an emergency "phone tree" if needed? ____Yes ____No

When is someone normally home at your residence? ____morning ____aft ____evening

Are you willing to help organize your neighborhood as a leader? ____Yes ____No

Do you have children? ____No If yes, ages _____

If you have children, what schools do they attend _____

Would you like to designate a neighbor who can pick children up from school in case of an emergency if you are not able to do so yourself? ____No If yes, who? _____

Do you have pets that would need attention if you weren't able to get home? _____

Do you have any of the following that could be helpful in a disaster situation:

- Pool/spa
- Professional First aid/medical supplies or medical training
- Water storage
- Food storage
- Ham radio or other professional communication
- Educational training or abilities
- Camping skills and camping supplies
- Security, military or law enforcement training
- Certified emergency response training or CPR training
- Generator
- Propane tanks
- Insurance training
- Other _____

Do you have special medical needs ____No If yes, what? _____

Who is your emergency contact if we can't reach you? Name _____ Phone # _____

Who is your out-of-state contact? Name _____ Phone #: _____