

HOUSEHOLD INFORMATION FOR NEIGHBORHOOD REGISTRATION

--created by Be Ready, Inc <http://www.bereadyinc.com/DOWNLOAD>

If you would like your household to be registered with our neighborhood emergency planning team, please fill out and return this form to

Name _____ Fax: _____
Address _____ Phone: _____

This information will be compiled onto a reference spreadsheet for quick access/response in case of emergency.

HOUSEHOLD INFO

Head of Household name _____ Contact Phone _____

Street Address _____

Business contact phone _____ e-mail _____

Cell phone _____

Spouse name _____ Other family member _____

Children:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Pets: type and names _____

Day Care/Guardian to call _____

After School Program(s) _____ Phone: _____

Mobility or other medical special needs? _____

Medical conditions _____

If necessary, may we shut off water/gas/electricity if you're not home? _____ No _____ Yes

Would you like to be invited to, or notified of, neighborhood disaster preparedness meetings?

Do you have a particular skill you could teach or demonstrate to help your neighbors prepare?

If so, what is it? _____

Are you a public service professional who may be required to stay on active duty or be on call during a disaster scenario? _____ No _____ Yes, and my job is _____

Are you willing to help in the planning and organization of a neighborhood preparedness group? _____ No Yes, and I could help best by _____

Would you be willing to be part of a phone tree for quick notification in the event of an emergency? _____ Call me _____ I'll help call _____ Both

Special needs we should be aware of _____