

Gleneden Beach Emergency Preparedness Committee
Neighborhood Information

In the event of an emergency, we want to know which neighbors are likely to be home so that we can check on your welfare first and inform first responders if need be. **This information will not be used for any other purpose.** Please complete this form and return at monthly breakfast or the locked box at the Community Center. Thank you.

Name: _____ Number of People: _____
Street Address: _____ Name: _____ Age: _____
_____ Name: _____ Age: _____
Cell Phone: _____ Name: _____ Age: _____
(Optional-Will only be used in an emergency) Name: _____ Age: _____
Name: _____ Age: _____
Resident: Full Time _____ Part Time _____ Pets: _____

Will anyone need assistance? Yes: _____ No: _____
If yes, please describe what you will need: _____

Other information we may need to know: _____

(See Reverse)

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Neighbors Helping Neighbors

In the event of an emergency, special skills and equipment will be needed either immediately or in the aftermath. If you are able to contribute any of those items listed below, please check the box and provide specific details in the space provided. Thank you!

SKILLS		EQUIPMENT/SUPPLIES	
<input type="checkbox"/> Carpenter <input type="checkbox"/> Child Care Skills <input type="checkbox"/> Coordinating & Organizing Skills <input type="checkbox"/> Crisis Counseling <input type="checkbox"/> Elder Care Skills <input type="checkbox"/> Electrician <input type="checkbox"/> Fire Fighting <input type="checkbox"/> First Aid Skills <input type="checkbox"/> Plumber Skills <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Other (please specify)	(Provide details here)	<input type="checkbox"/> Camp Stove/Fuel <input type="checkbox"/> Chain Saw <input type="checkbox"/> Crow Bar <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> First Aid Supplies <input type="checkbox"/> Gas Shut-off Tool <input type="checkbox"/> Generator <input type="checkbox"/> Ladder <input type="checkbox"/> Strong Rope <input type="checkbox"/> Tarps <input type="checkbox"/> Tents/Spare Bedding <input type="checkbox"/> Walkie-Talkie <input type="checkbox"/> Other (please specify)	(Provide details here)

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