

Neighborhood Disaster Registry — Page 2

Family/Houshold Names: _____

Permission to pick up children: If we cannot get home by the end of the school day, we have given the school permission to release our children to the following people: *(Please list names addresses and phone numbers.)*

Neighborhood Resources: *Please indicate on the following checklist the equipment, skills and resources you can share.*

EQUIPMENT (note quantity) SKILLS (name person with skills)
Ax _____ CPR _____

Chainsaw First Aid

Hose Nursing

Generator Paramedic

Propane/Camp Stove Physician

Porta-potty/chemical toilet Child Care

Shovel Cooking

Sleeping Bag Counseling

Tent Recreation

Water Purifier Teaching

Bicycle CB radio operator

Camper/Trailer Driver/4 wheel drive

Horse Driver/motorcycle

ATV vehicle/motorcycle Ham radio operator

RV Auto mechanic

Van/Minivan Carpenter

Truck Electrician

4-wheel drive vehicle Plumber

CB Radio Telephone repair

Ham Radio Tree cutting

Scanner General Contractor

Walkie-talkie/portable radios Clerical

Cell phone (list nos.) Clergy

Legal

WATER SUPPLIES: Red Cross Training (*specify*)

Hand/gas powered pump Runner

Swimming pool Other

Hot tub **FOOD:**

Waterbed Freezer holds _____ cubic feet

POTABLE WATER: Vegetable Garden

Water heater holds _____ gallons **EMERGENCY HOUSING:** (*shelter overflow*)

Bottled water: _____ gallons Our home can accommodate _____ people

Please list any other information you believe is relevant for emergency purposes. Attach another page if necessary.

UTILITY SHUT-OFFS: Please describe or sketch your house/lot showing locations of gas meter, water shut-off valves and circuit boxes (both inside and outside))