

***Your Street Name Here* NEIGHBORHOOD CENSUS FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Out-of-state emergency contact check-in (name, phone number, and e-mail)  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY MEMBER NAMES**

Please specify age (can be helpful in making identification), children’s weight, and any family member medical conditions in case of medical emergency. Attach additional pages if necessary.

	Name	Age	Wgt	Medical Issues
1				
2				
3				
4				
5				
6				

**PETS**

For your pets’ safety and ease in evacuation, please make sure to keep carriers on hand for all pets, as well as leashes and muzzles for dogs (which will be required on any transport and in shelters). Keep on hand emergency stash of pet food, bowls, and any medications. *For dogs, please indicate breed.* Attach additional pages if necessary.

	Name	Type of Pet	Breed (if helpful)	Friendly?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

## SKILLS & TOOLS INVENTORY

The following information is needed to assess the skills, tools, equipment and supplies that might be available in our neighborhood, and to determine what is still needed for our neighborhood families to be sufficiently prepared.

**Please circle if you or anyone in your family has training or skills in the following areas:**

Doctor / Nurse / EMT / Paramedic  
Light Search & Rescue  
First Aid / CPR  
Child Care / Pet Care  
Leadership Abilities  
Diversionary Activities  
Ham Radio *Call sign:* \_\_\_\_\_

Other Radio / Comm Operations  
Police / Fire / CERT Training  
Mental Health / Counseling  
Cooking / BBQ  
Carpentry / Plumbing / Electrical  
Other

**Please circle if you have any of the following items and note location:**

Crank Radio  
Comprehensive First Aid Kit  
Chain Saw / Strong Rope / Ladder  
Motor Home / Motor Bike  
Tent / Cot / Stretcher  
Axe / Shovel / Crow Bar  
Tarps / Blankets  
First Aid Supplies

Bolt Cutters / Heavy Jack / Winch  
Walkie-Talkies / FRS Radio  
Wheel Chair / Wheel Barrel  
Generator / Fire Extinguisher  
Water Barrels / Purifier  
Portable Toilet / Privacy Shelter  
Bottled Water / Canned / Dried Food  
Pet Food & Supplies

Location of Gas Shut off: \_\_\_\_\_

Location of Main Water Shut Off: \_\_\_\_\_

In the event of a major disaster you and/or your children may be trapped, injured or away from home. Children and pets will be especially vulnerable if home alone when a disaster strikes. Gas and water may need to be shut off to prevent a secondary disaster. Like you, we value our privacy and equally respect yours. However, in a disaster situation, personal and neighborhood safety and survival should take precedence. In the event of a disaster, you give your permission to your volunteer Neighborhood Disaster team to enter onto your property for purposes of light search and rescue, turning off utilities (if necessary), caring for pets and procuring potentially lifesaving items that you have volunteered to contribute to your Neighborhood Disaster Plan in an emergency. Thank you for your commitment to the safety of our neighborhood and we look forward to seeing you at our organizing meeting.

Signature \_\_\_\_\_

Date \_\_\_\_\_