

PLEASE RETURN COMPLETED FORM VIA *[INSERT METHOD]* c/o *[INSERT CONTACT NAME]*

[Insert Name of Organization Here]

Member Emergency Skills Survey

This survey is to help identify persons who have special skills or equipment that may be useful to our organization in the event of a disaster or other local emergency.

Name: _____ Are you under 18 years of age? Y / N

Home Address (Street/City/Zip): _____

_____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Position or service activity within *[Organization]*, if any: _____

Special Skills / Training / Work Experience

- Accounting
- CERT
- Chainsaw Operator
- Child Care Worker
- Clergy (religious affiliation) _____
- Clerical
- Commercial Drivers License
- Construction (type) _____
- Counseling (type) _____
- CPR/AED Certification
Child / Adult (please circle) Expiration: _____
- Food Preparation
- Elderly/Access & Functional Needs Care Worker
- First Aid Certification Expiration: _____
- Forklift Operator
- Ham Radio Operator
- Heavy Equip. Operator
(type) _____
- Medical/Nursing (list
certifications) _____
- Mountain Climbing/Rappelling
- Pilot License (type) _____
- Red Cross Volunteer
- Social Media (list sites: Facebook, Twitter, etc.)

- Specialized Search & Rescue Training
- Shelter Management
- Trucking/Hauling
- Volunteer Management
- Warehouse/Inventory/Donations Sorting & Management
- Other Special Skills and Licenses
(list) _____

Briefly Describe Selected Skills & Work Experience (use back of page if necessary)

Do You:

	Yes	No
Have a valid Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
Own a personal vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Use public transportation only?	<input type="checkbox"/>	<input type="checkbox"/>
Rely on friends/family for transportation?	<input type="checkbox"/>	<input type="checkbox"/>

Estimated travel time from home to *[Organization]*:

Available Equipment & Resources

- CB/Walkie-Talkies
- Chainsaw
- Four-Wheel Drive Vehicle
- Ham Radio Call Sign: _____ Expiration: _____
- Portable Generator or Solar Power
- Trailer
- Water Pump
- Other (list) _____

Language Skills

	Speak	Write
<input type="checkbox"/> Chinese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> French	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Korean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Japanese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (list) _____	<input type="checkbox"/>	<input type="checkbox"/>