



Neighborhood Resource Inventory										
Last Name:				Address:						
Home Phone:										
	First Name	Age	Workplace or School Name and Address				Work Phone			
1										
2										
3										
4										
5										
6										
Use the number next to the name to refer to which family member is volunteering, has the indicated skills, etc. below.										
Is your family prepared for at least 2 weeks without power, water or assistance of any kind?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your home "earthquake proof" (cabinets latched, water heater strapped, foundation reinforced)?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you attend a training class on family and neighborhood preparedness?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Skills Inventory										
Disaster Skills:	#1	#2	#3	#4	#5	#6	Comments			
1st Aid/CPR										
Fire Extinguisher										
Amateur Radio										
Group Leadership										
Tree/Limb Removal										
Heavy Equipment Op										
Building/Construction										
Sandbagging										
4-Wheel Drive Op										
Disaster Volunteer Opportunities										
Activity	#1	#2	#3	#4	#5	#6	Comments			
Fire Suppression Team										
Medical Team										
Search & Rescue Team										
Staging Area Team										
Search & Rescue Team										
Logistics										
*Buddy Squad										
**Runner										
Childcare										
Meal Preparation										
Shelter Management										
Pet Care										
*Buddy Squad checks on those with special needs: mobility impaired, latch-key kids, medically fragile, etc. **Runners are used to pass messages when telephone, radio or other communications means are not available.										