



PORT LUDLOW VILLAGE COUNCIL EMERGENCY MANAGEMENT (PLVC-EM)

NEIGHBORHOOD QUESTIONNAIRE

The following information will enable your PLVC-EM Emergency Management Team to better assist you and your household in the event of a natural disaster or other widespread emergency. The information you provide is confidential for Emergency Management use only.

1. Name: \_\_\_\_\_
2. Physical Address: \_\_\_\_\_
3. Cell Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_
4. Email: (1) \_\_\_\_\_ (2) \_\_\_\_\_
5. Full Time: \_\_\_\_\_ Snowbird \_\_\_\_\_ Home Phone: \_\_\_\_\_

If Snowbird, alternate address: \_\_\_\_\_

6. Number of people in the household : Adults(18+): \_\_\_\_\_ Dependent Children: \_\_\_\_\_
7. Special Needs: \_\_\_\_\_ Pets: \_\_\_\_\_
8. Local Contact: Name: \_\_\_\_\_ Cellphone: \_\_\_\_\_
9. Out of Area Contact: Name: \_\_\_\_\_ Cellphone: \_\_\_\_\_
10. Durable Power of Attorney: \_\_\_\_\_

11. What special skills and/or background knowledge would/could you volunteer to share with our neighborhood in the event of an emergency? *Please circle all that apply.*

- |   |                             |
|---|-----------------------------|
| A. Doctor – Nurse – First aid/CPR       | F. Police - Security        |
| B. Teacher – Child                      | G. Firefighter -EMT         |
| C. Veterinarian – Animal care           | H. Psychologist - Counselor |
| D. Search and Rescue                    | I. Other: _____             |
| E. Construction – Electrician – Plumber |                             |

12. What special equipment and/or resources do you have available in the event of a disaster? *Please circle all that apply.*

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| A. First aid – medical supplies      | G. Ham radio-FRS radio/Walkie Talkie |
| B. Walker – wheelchair-crutches-cane | H. Long ladder-crowbar-chainsaw-axe  |
| C. Cot-spare bed-tent-spare bedding  | I. RV-camper-trailer                 |
| D. Propane heater-propane stove      | J. Drone, Licensed Operator: _____   |
| E. Lantern-portable lighting         | K. Other: _____                      |
| F. Portable toilets-buckets          |                                      |

Do you have a propane tank? \_\_\_\_\_ If so, where is it located? \_\_\_\_\_

13. Would you be willing to serve on a neighborhood team in the event of a disaster?

- \_\_\_ First Aid \_\_\_ Housing \_\_\_ Childcare \_\_\_ Pet Care \_\_\_ Communications \_\_\_ Resources Coordinator  
\_\_\_ Search and Rescue \_\_\_ Safety and Security \_\_\_ Other \_\_\_\_\_

14. Are you interested in attending a Community Emergency Response Team Training (CERT) course to teach volunteers about disaster preparedness for the disasters that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization and medical operations? Yes \_\_\_ No \_\_\_

Questions? Concerns? Suggestions? Contact a PLVC Emergency Management:

Visit: <http://www.plvc.org/contact>