



<p>BLOCK CAPTAIN</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>E-mail:</p>

The information shared on this form will be held by the Block Captain and used in the event of an emergency. Please indicate by initialing here if you authorize the coordinator to share information with your participating neighbors that you have approved by checking items below. _____ (INITIAL)

CHECK IF OK TO SHARE	Date:	
<input type="checkbox"/>	Residents	Name Cell Phone Number
<input type="checkbox"/>	Resident 1	
<input type="checkbox"/>	Resident 2	
<input type="checkbox"/>	Resident 3	
<input type="checkbox"/>	Resident 4	
<input type="checkbox"/>	Address	
<input type="checkbox"/>	Home Phone(s)	<input type="checkbox"/> Landline <input type="checkbox"/> VOIP
<input type="checkbox"/>	Out of Area Emergency Contact	<i>Often in an emergency, calls out of our area codes can be successful. List name & phone.</i>
<input type="checkbox"/>	E-mail Address(es)	
<input type="checkbox"/>	Pets	List type of animal, name and location of stored food
<input type="checkbox"/>	Swimming Pool or Hot Tub?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Mobility limitations?	If yes, describe:
<input type="checkbox"/>	Critical Needs	If yes, describe (i.e., dialysis, diabetic, need prescriptions):
<input type="checkbox"/>	Special Skills	If yes, describe (i.e., medical professional, construction, engineer, etc.):
<input type="checkbox"/>	Special Equipment	If yes, describe (i.e., generator, chain saw, pry bar, etc.):
<input type="checkbox"/>	Vehicles	Describe color, make and model, year:
<input type="checkbox"/>	Amateur Radio	Are you willing to participate in the neighborhood radio network? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	CERT Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Email List	Are you on the neighborhood association email list? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, may we add you? <input type="checkbox"/> Yes <input type="checkbox"/> No