

# EMERGENCY / DISASTER INFORMATION SHEET

## Willowbend Resident Emergency Information

The Willowbend Community Emergency Response Team (CERT) consists of residents who will be trained by Sarasota County emergency providers. The subdivision will be divided into zones, each with a zone captain and co-captains. In order to help the Community Emergency Response Team (CERT) in an emergency (hurricane, tornado, flood, fire, etc) we are asking homeowners to provide certain information. The information you provide is strictly voluntary. If you feel that a question is too invasive, please skip over the question.

STREET NAME \_\_\_\_\_ HOUSE # \_\_\_\_\_ LOT # \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

RESIDENTS' NAMES \_\_\_\_\_

# ADULTS \_\_\_\_\_ # CHILDREN \_\_\_\_\_ # TYPE of PETS \_\_\_\_\_

o YEAR ROUND o PART TIME MONTHS YOU WILL BE GONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

NEIGHBOR WHO WILL HAVE YOUR KEY \_\_\_\_\_ LOT # \_\_\_\_\_

NEIGHBOR'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HAZARDOUS MATERIALS	LOCATION	SPECIAL NEEDS
<input type="checkbox"/> PAINT/THINNER	_____	<input type="checkbox"/> OXYGEN _____
<input type="checkbox"/> GASOLINE	_____	<input type="checkbox"/> WHEELCHAIR BOUND _____
<input type="checkbox"/> OTHER FLAMMABLES	_____	<input type="checkbox"/> BEDRIDDEN _____
<input type="checkbox"/> OXYGEN TANK	_____	<input type="checkbox"/> MEDICAL _____
<input type="checkbox"/> AMMUNITION	_____	<input type="checkbox"/> OTHER (PLEASE SPECIFY) _____
<input type="checkbox"/> CORROSIVES	_____	_____
OTHER	_____	_____

WOULD YOU BE WILLING TO HELP THE CERT TEAM IF NEEDED? YES  NO

PLEASE LIST ANY SPECIAL SKILLS YOU HAVE THAT COULD BE HELPFUL TO THE TEAM

DO YOU HAVE ANY MEDICAL EQUIPMENT (WHEELCHAIR, CRUTCHES, ETC.) THAT YOU WOULD BE WILLING TO LEND IN CASE OF AN EMERGENCY? YES  NO

DO YOU HAVE GENERATOR? YES  NO

DO YOU HAVE A GAS POWERED CHAIN SAW? YES  NO

PLEASE RETURN THIS FORM TO: MARY RAINEY AT 643 CRANE PRAIRIE WAY BEFORE 5-1-06