

Red Oak Ranch Emergency Preparedness Questionnaire

Name(s):		
ROR Address:		
Please provide your home phone number and cell phone numbers for adults in your household		
Tel:	Cell:	Cell:

Would you consider undertaking formal training to become a member of the ROR CERT*? Yes No

Would you be a member of the ROR Community Support Team** (no formal training required)? Yes No

Would you be a member of the ROR Animal Support Team** (no formal training required)? Yes No

Resources

Do you have any of the following that you would be willing to put into community service during an emergency (please tick all that apply and indicate type/quantity, if applicable, and add any additional items):

<input type="checkbox"/>	Truck	<input type="checkbox"/>	Walkie Talkie(s)	<input type="checkbox"/>	Tables
<input type="checkbox"/>	Tractor	<input type="checkbox"/>	Ham radio	<input type="checkbox"/>	Chairs
<input type="checkbox"/>	Trailer	<input type="checkbox"/>	Megaphone	<input type="checkbox"/>	Awning/Canopy
<input type="checkbox"/>	Heavy Equipment/Plant	<input type="checkbox"/>	First Aid/Medical supplies	<input type="checkbox"/>	Flashlight/Lamp
<input type="checkbox"/>	Chainsaw	<input type="checkbox"/>	Lightweight lounge/cot	<input type="checkbox"/>	Animal containment items
<input type="checkbox"/>	Chains/Ropes	<input type="checkbox"/>	Blankets/towels	<input type="checkbox"/>	Pasture for livestock
<input type="checkbox"/>	Generator	<input type="checkbox"/>	Coolers	<input type="checkbox"/>	
<input type="checkbox"/>	Tools	<input type="checkbox"/>	BBQ	<input type="checkbox"/>	
<input type="checkbox"/>	Golf Cart/ATV	<input type="checkbox"/>	Personal Protective Equipment	<input type="checkbox"/>	
<input type="checkbox"/>	Bicycle/Motorcycle	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	

Skills & Experience

Do you have skills &/or experience in the following areas that you would be willing to contribute during an emergency (please tick all that apply):

<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Fire Safety	<input type="checkbox"/>	Heavy Equipment	<input type="checkbox"/>	Animal Control/Care
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Emergency Response	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Search & Rescue

Do you have any other skills/resources that you feel may be useful in an emergency?

Special Considerations

Do you have any special needs or considerations, other than responding to injuries and/or damage to your home, that you anticipate in the event that ROR is cut off from external agencies for 2-4 days?

<input type="checkbox"/>	Health	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Children	<input type="checkbox"/>	Seniors	<input type="checkbox"/>	Animals
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Animals

What pets/livestock do you have and how many?

<input type="checkbox"/>	Dog	<input type="checkbox"/>	Horse	<input type="checkbox"/>	Cage animal (hamster, rabbit etc.)
<input type="checkbox"/>	Cat	<input type="checkbox"/>	Bird	<input type="checkbox"/>	Other (please specify):

Thank you for completing this questionnaire, which we anticipate will help everyone in the community.

Please add any further information you feel might be useful below (or attach on a separate sheet)
