Full Name:

Mailing Address:

Residence Address:

Phone(s): Home Mobile Work

Email Address: Blood Type:

Emergency Contact(s) Birth Year:

Name Phone

Name Phone

Employer Name/Address/Phone:

Do you work downtown? Y/N

**SKILLS** (Next to the item put a Y for YES, leave blank for NO

Carpenter

Electrician

Plumber

Masonry

Welder

Refrigeration

Clergy

Wood Cutter

Construction- General

Office Skills

Computer Skills

Public Information

Food Services

Shelter Services

Heavy Equip. Operator

Heavy Equip. Repair

Snow Removal

Lumber Sales

Ham Op. – Call Sign

Law Enforcement

Fire Fighter

HAZMAT

Search-Rescue

Helicopter

Explosives

Doctor

Reg. Nurse

Dentist

Paramedic

Emer. Med Tech.

CPR Trained

First Responder

First Aider

Pharmacist

Mortician

Med/Dent. Asst.

Grief Counselor

Equip Driver

Language and Skill Level

(S=Some/M=Med/P=Proficient)

**EQUIPMENT** (Place a Y next to the equipment available in a disaster)

4WD Vehicle

Generator

Lighting Equipment

Recreation Vehicle

Portable Heating

Snowmobile

Winches

Bulldozer

Grader Snowplow

Chain Saw

Horse(s)

Tents

Boats

Animal Handler

Skip loader

Snow Plow

Backhoe

Forklift

Storage Capability

ATV

Concrete Cutting

**Radio Equipment**

HAM Station

Rescue Radio

Repeater

CB Radio

ARES/RACES

FRS Radio

**SPECIALTY RESCUE EQUIPMENT (Place a Y next to the equipment available in a disaster)**

Crane

Jackhammer

Respirators

Large Jacks

Surgical Equipment

**OTHER EQUIPMENT – List other disaster related equipment available in a disaster**