Skills Inventory

Last Name:							Address:			
Home Phone:					_					
First Name	lame					Age	W	orkplace or School Name & Address	Work Phone	
1										
2										
3										
4										
5										
6										
Use the number next to	the	nam	e to r	efer 1	to wl	nich f	amily	member is volunteering for or has the indicate	ed skills b	elow.
Is your family prepared for at least 2 weeks without power, water, or assistance of any kind?								Yes	No	
Is your home "earthquake proof" (cabinets latched, wa							water	heater strapped, foundation reinforced)?	Yes	No
Would you attend a tra	ining	class	on f	amily	and	neigl	hborh	nood preparedness?	Yes	No
Disaster Skills	1	2	3	4	5	6	Con	nments:	· I	.1
First Aid/CPR										
Amateur Radio										
Group Leadership										
Tree/Limb Removal										
Heavy Equipment Op										
Building/Construction										
Sandbagging										
4-Wheel Drive Op										
Volunteer Activity	1	2	3	4	5	6	Con	nments:		
Fire Suppression Team										
Medical Team										
Search & Rescue Team										
Staging Area Team										
Logistics										
*Buddy Squad										
**Runner										
Childcare										
Meal Preparation										
Shelter Management										
Pet/Livestock Care										
*Buddy Squad checks o	n thc	se w	ith sp	ecia	nee	ds: m	obilit	y impaired, latch-key kids, medically fragile, et	c.	
**D					. + .			dio or other communication means are not av	ماممانم	