



Neighbor Information Form

Please complete this form. This information is provided on a voluntary basis and will be shared with your neighbors. **Please do not include any information you do not wish to share.**

FAMILY CONTACT INFORMATION

Adult Household Members

Name _____

Address _____

Home Phone _____ Cell _____

Email _____

Place of Employment _____ Hours worked/away from home _____

Name _____

Address _____

Home Phone _____ Cell _____

Email _____

Place of Employment _____ Hours worked/away from home _____

Children

Name _____ Age _____ School/Daycare _____

Name _____ Age _____ School/Daycare _____

Name _____ Age _____ School/Daycare _____

Pets _____

Out-of-town Contact _____

Home Phone _____ Cell _____

SPECIAL SKILLS AND RESOURCES OF HOUSEHOLD MEMBERS

Skills (Check all that apply)

- Carpenter
- Child Care Provider
- Electrician
- Mental Health Professional
- Nurse
- Physician
- Other _____

Languages spoken other than English _____

Training (Check all that apply)

- CERT Training
- CPR Training
- First Aid
- Ham Radio Training
- Search and Rescue
- Other _____

Equipment Owned (Check all that apply)

- Bobcat
- Chainsaw
- Defibrillator
- 4-Wheel-Drive Vehicle
- Generator
- NOAA Weather Radio
- Snow Blower
- Snow Plow
- Wet Vac
- Other _____

SPECIAL NEEDS

Please list any special needs or physical/mental limitations of household members who may require assistance in an emergency: _____

Please include any other relevant information on the back of this form.