

NEIGHBORHOOD EMERGENCY SERVICE TEAM REGISTRATION FORM

MAILING ADDRESS:		HOME PHONE:	
		E-MAIL ADDRESS:	
ADULT NAME:		WORK PHONE:	
EMPLOYER:		WORK HOURS:	
ADULT NAME:		WORK PHONE:	
EMPLOYER:		WORK HOURS:	
CHILD'S NAME	AGE	SCHOOL	

EMERGENCY RELEASE INFORMATION

School policy for release of children following a disaster:

The following person(s) are authorized to take custody of my child (children) in the event I (we) are unable to return to them following a major emergency or disaster:			
NAME	ADDRESS	PHONE	DRIVER LICENSE #

EMERGENCY MEDICAL INFORMATION

LIST ANY PERSON IN YOUR FAMILY WHO HAS SPECIAL MEDICAL NEEDS OR REQUIREMENTS

NAME	NEEDS, CAUTIONS, ALLERGIES

EMERGENCY CONTACT

The following persons may be contacted in the event of an emergency and I (we) are unable to do so because of injury or other incapacitation:

NAME:	RELATIONSHIP:
ADDRESS:	PHONE:

NAME:	RELATIONSHIP:
ADDRESS:	PHONE:

PETS

TYPE	NAME	USUAL LOCATION
SPECIAL INSTRUCTIONS:		

PERMISSION TO ACT

IN THE EVENT NO ONE IS AT HOME AT THE TIME OF AN EMERGENCY OR DISASTER, I GIVE PERMISSION TO THE NEXT GROUP TO ACCESS THE HOUSE TO SHUT OFF ANY/ALL UTILITIES THAT ARE DAMAGED, OR NEED TO BE TURNED-OFF FOR THE SAFETY OF THE BUILDING OR THE AREA.
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SIGNATURE OF RESPONSIBLE ADULT: _____ DATE: _____

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SPECIAL NOTES

N.E.S.T.
MEMBER RESOURCE INVENTORY
 (One per family or address)

IRISH BEACH ADDRESS:	DATE:
IB PHONE:	EMERGENCY PHONE:
LOCAL CONTACT PERSON:	

Please check the equipment, materials or other resources you would have available to share during a major emergency or disaster: (circle appropriate items in the list).

FIRST AID SUPPLIES	
MEDICAL EQUIPMENT (Crutches, wheelchair, etc.)	
EMERGENCY WATER SUPPLY FOR FIRE FIGHTING (Pool, cistern, etc.)	
SPARE BLANKETS, COTS, TENTS, etc.	
BAR-BE-QUE, CAMP STOVE, OTHER COOKING ITEMS	
4 WHEEL DRIVE VEHICLE, PICK-UP TRUCK, VAN, RV	
BOAT TYPE:	
HAM RADIO, CITIZEN BAND RADIO, OTHER TWO-WAY COMMUNICATIONS	
WORK TOOLS (shovel, pry bars, picks, wheel barrow, etc.)	
PORTABLE GENERATOR SIZE:	
CHAIN SAW OR OTHER POWER CUTTING TOOLS	
WATER PUMP, SUMP PUMP (PORTABLE)	
LANTERNS, PORTABLE LIGHTING	
OTHER ITEMS:	

Do any members of your family have special skills or equipment not listed above which you think would be of assistance during Search and Rescue, First Aid, or Sheltering operations?

INDIVIDUAL SKILLS

Please enter the names of those in your household or group who have been or would like to be trained in the following skills:

SKILL	NAME OF PERSON TRAINED	CERTIFICATE EXPIRES	NAME OF PERSON WANTING TO BE TRAINED
FIRST AID/CPR			
SEARCH + RESCUE			
DAMAGE ASSESSMENT			
SHELTER OPERATIONS			
CRISES COUNSELING			
AMATEUR RADIO			
OTHER			
COMMUNICATIONS			
FIRE FIGHTING			
SECURITY + SAFETY			
PLANNING			
LOGISTICS			
OTHER:			

Please check the services you would be willing to provide in times of emergencies:

SERVICE		SERVICE	
EMERGENCY HOUSING		CUT/CLEAR TREES	
EMERGENCY FEEDING		PICK AND SHOVEL WORK	
CONSTRUCTION, CARPENTRY		ELECTRICAL	
PLUMBING		SAND BAGGING	
PARTICIPATE IN PHONE TREE		TRANSLATION Language:	
STRESS MANAGEMENT		CHILD CARE	
TRANSPORTATION		OTHER:	
EMERGENCY CLEAN-UP			

RESIDENCY INFORMATION

FULL TIME RESIDENCE IN IRISH BEACH?	
VACATION RESIDENCE?	
VACATION RENTAL?	
OTHER:	

UTILITIES AND ACCESS

LOCATION OF PROPANE SHUT-OFF	
LOCATION OF WATER SHUT-OFF	
LOCATION OF ELECTRICAL BREAKER BOX	
NAMES OF OTHERS IN IRISH BEACH WHO HAVE ACCESS TO YOUR HOUSE AND TYPE OF ACCESS:	

VACATION RENTAL INFORMATION

RENTAL CONTACT NAME:	
RENTAL CONTACT TELEPHONE NUMBER:	

WOULD YOU BE WILLING TO PROVIDE EACH RENTER OR VISITOR STAYING IN YOUR HOME WITH AN EMERGENCY INFORMATION SHEET?

YES _____ NO _____

If you have any questions, contact ibnestinfo@hughes.net or call Su Whitaker at 707-882-1992.

Please mail your completed **and signed** survey form as well as your check made out to Al Thompson (NEST) to:

Irish Beach NEST
PO Box 242
Manchester, CA 95459

We respect your privacy. We are collecting this medical information to facilitate our ability to assist you in an emergency. We will keep the information in a central location with somewhat limited access until it is needed, although it is not locked up or particularly secure. In an emergency instance this information would be available to (perhaps all) the responders, who could then determine and communicate your needs and administer first aid (the first responders will almost certainly not be EMT's or highly trained in medical procedures, but may be unable to help if no medical information is available).

As the above information could be subject to change, we will have to ask you to confirm or update the information at the time we administer aid, if you are able to provide it.

If you wish to keep your medical conditions private, please indicate so in the above spaces and indicate how we could obtain it if you are unable to give it to us.

I understand the consequent potential lack of privacy of the above medical information and wish to have it available to you anyway.

_____ (signed and dated)