

NEIGHBORHOOD RESOURCE SURVEY

Date _____

Group # _____

Group Leader _____

Address _____

Household name _____ # in Household _____

Home telephone _____

Name	Cell phone	Work phone	Email

Out-of-state contact and phone _____

Skills

- ___ nurse
- ___ doctor
- ___ trained EMT
- ___ CPR trained
- ___ dentist
- ___ psychologist
- ___ school counselor
- ___ lawyer
- ___ firefighter
- ___ law enforcement

- ___ ham radio operator
- ___ heavy equipment operator
- ___ licensed truck or bus driver
- ___ plumber
- ___ electrician
- ___ locksmith
- ___ carpenter
- ___ roofer
- ___ arborist
- ___ speaks second language:

Equipment

___portable generator
___CB radio
___ham radio
___chain saw
___swimming pool
___tent, size:

___pickup truck
___trailer
___boat
___tow truck
___construction equipment
___solar equipment

Special Needs

Health:

Language:

Other: