



Skills and Equipment Information Form

Address: _____ Phone _____

Last name(s) of persons at this address: _____ Date: _____

First Name (s) of persons at this address: _____

Skill	Name of person(s) with this skill	Equipment and Supplies	Brief Description of tools and equipment available:
First Aid, CPR		First Aid and Medical	
Childcare Specialist		Spare bedding, Tents	
Search and Rescue		Chain Saw	
Crisis Counseling, Psychologist		Generator	
Damage Assessment		Portable Lights	
Disaster Feeding		Camp Grill, Stove	
Ham Radio Operations		Walkie Talkie	
Plumber, Carpenter, Electrician		Long Ladder	
Fire Fighting		Crow Bar, Axe	
Other		Strong Rope	

Check (✓) services I/we could provide:

- Emergency Housing
- Emergency Feeding
- Participate in Phone Tree
- Transport those in need
- Cut Trees
- Shovel snow or mud, Sand Bag
- Language Translation

Which Language? _____

Additional equipment I/we could provide:
