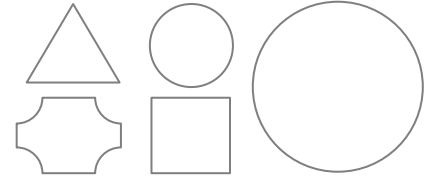




Craig Bay Emergency Assistance Program
Resident and Emergency Contacts

(PLEASE PRINT)



Address _____ Home Phone _____
Number Street

RESIDENT 1

Given Name _____ Surname _____

Cell Phone _____ Email _____

RESIDENT 2

Given Name _____ Surname _____

Cell Phone _____ Email _____

LOCAL Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

OUT-OF-AREA Emergency Contacts

Name _____ Relationship _____ Phone _____

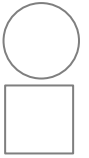
Name _____ Relationship _____ Phone _____

NOTES

The information provided will be used only in an emergency to protect the health, safety and welfare of Craig Bay residents and property. Emergency is defined as an event caused by forces of nature, fire, explosion, accident or technical failure.

Please complete the **Equipment and Skills Inventory** on the reverse of this page. With your help, the volunteers of Craig Bay's Emergency Assistance Program can make our community as self-sufficient as possible in a major emergency. **Thank you!**

Address _____	_____	_____
<i>Number</i>		<i>Street</i>



EQUIPMENT INVENTORY

In column **A**, please check off the equipment you have. If you are willing to share this equipment when you have no immediate need for it, also check column **B**.

<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>	
___	___	Portable generator	___	___	Propane-fueled barbeque
___	___	Portable flood light(s)	___	___	Camp stove and fuel
___	___	Portable pump	___	___	Fire extinguisher(s)
___	___	Chain saw and gas	___	___	Tent
___	___	Heavy tools - jacks, chains, blocks & tackle	___	___	Tarpaulin(s)
___	___	Shovel(s)	___	___	Air mattress(es)
___	___	Axe(s)	___	___	Blow-up/inflatable bed
___	___	Gas mask or respirator	___	___	Sleeping bag(s)
___	___	C.B. radio	___	___	First aid kit
___	___	V.H.F. marine radio	___	___	Stored drinking water
___	___	Ham radio	___	___	Golf cart
___	___	Walkie talkie radios	___	___	Recreational vehicle
___	___	Cell phones	___	___	Vehicle suited for ambulance
___	___	Propane tank(s) with propane	___	___	AWD vehicle

SKILLS INVENTORY

Please check the categories for which you have special training or expertise.

___ First aid _____	___ Engineering (discipline) _____
___ Medical Doctor _____	___ Trade (type) _____
___ Nurse _____	___ Planning & organizing _____
___ Other medical (speciality) _____	___ Record keeping _____
___ CPR _____	___ Amateur radio (Ham) _____
___ Firefighting _____	___ Interpreter (languages) _____
___ Search & rescue _____	___ Trauma counseling _____
___ Police / Security _____	___ Veterinary medicine _____
___ Logging _____	___ Catering / food handling _____

<p>NOTES</p>
