



Pre-Disaster Organization Form

We are in the process of organizing our area in order to be prepared for any potential disaster, such as a hurricane, and are soliciting the participation of everyone in our community.

Right NOW take a moment to find out the name and address of your ZONE (1, 2, OR 3) leader, fill out the top portion of this "Pre-Disaster" form, and give a copy to him or her.

We are also distributing a "Post-Disaster" form. In event of disaster, quickly assess your home, fill out the "Post Disaster" form and give it to your block leader so that they can contact our emergency response team. If you would like to serve as a ZONE leader or as a member of our CERT team we welcome your support and ask that you contact a board member of **River Oaks Civic Association**.

Date: _____

Your ZONE 1,2,OR 3 Leader's name _____

Cell Phone: _____ Land Line: _____

Block leader's Address: _____ Email _____

Your Name: (Last, First) _____

Address: _____

Cell Phone: _____ Land Line: _____ Email _____

How many people/pets in your house hold: Adults: _____ Children: _____ Pets _____

Out-of-state contact: _____ Phone _____

Relationship: _____ Address: _____

Phone: _____ Email _____

Do you or your neighbor have special needs? Yes or No (specify)

Name: _____ Address: _____

Phone: _____ Email: _____

Special Need: _____

Do you have special training: medical, construction, other? _____

Please indicate below, with a check mark, which resources that you have:

- | | | | | |
|---|--|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> generator | <input type="checkbox"/> fire extinguisher | <input type="checkbox"/> chain saw | <input type="checkbox"/> SUV | <input type="checkbox"/> jumper cables |
| <input type="checkbox"/> fuel | <input type="checkbox"/> ham radio | <input type="checkbox"/> hand saw | <input type="checkbox"/> boat | <input type="checkbox"/> shovel |
| <input type="checkbox"/> extension cords | <input type="checkbox"/> cell phone | <input type="checkbox"/> ax/wrench | <input type="checkbox"/> drill | <input type="checkbox"/> tire pump |
| <input type="checkbox"/> manual can opener | <input type="checkbox"/> coolers | <input type="checkbox"/> batteries | <input type="checkbox"/> flashlight | <input type="checkbox"/> first aid kit |
| <input type="checkbox"/> Other, please list _____ | | | | |