

# Attachment 1

## DISASTER PREPAREDNESS INFORMATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

REGION (e.g. *southwest Berkeley*) \_\_\_\_\_

PHONES (Home, Work, Cell) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Does your local satsang have meetings? Do you attend regularly? yes \_\_\_\_\_ no \_\_\_\_\_

Does your local satsang have an e-mail list serv? Are you on it? yes \_\_\_\_\_ no \_\_\_\_\_

### OCCUPANTS OF HOME:

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

PETS \_\_\_\_\_

### EMERGENCY CONTACT PERSONS:

LOCAL \_\_\_\_\_

LIVING MORE THAN 200 MILES AWAY \_\_\_\_\_

Does anyone in your household have any of the following skills? Please specify who.

Medical doctor/Nurse \_\_\_\_\_

Paramedic/Emergency Medical Technician \_\_\_\_\_

Naturopathic physician \_\_\_\_\_

Acupuncturist/ Doctor of Oriental Medicine \_\_\_\_\_

Massage /Shiatsu, etc. \_\_\_\_\_

Counselor/Therapist \_\_\_\_\_

CPR /First Aid Training \_\_\_\_\_

Other medical or counseling training \_\_\_\_\_

Construction/engineering \_\_\_\_\_

Ham radio training \_\_\_\_\_

CERT/CORE/other disaster training \_\_\_\_\_

Bi-lingual (what language?) \_\_\_\_\_

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I or other household members are interested in participating in the following (specify):

personal preparedness only \_\_\_\_\_  
neighborhood preparedness \_\_\_\_\_  
area preparedness (e.g. east Oakland only) \_\_\_\_\_  
regional preparedness (e.g. East Bay) \_\_\_\_\_

Would you like to attend disaster preparedness training ? yes \_\_\_\_\_ no \_\_\_\_\_

What tools or equipment do you have? Please check where applicable.

Vehicles: 4 wheel/all wheel drive \_\_\_\_\_ Pickup truck \_\_\_\_\_ Van \_\_\_\_\_ Station wagon \_\_\_\_\_  
Camping equipment: tent \_\_\_\_\_ campstove \_\_\_\_\_ lanterns \_\_\_\_\_  
Tools/equipment: ladders over 12 ft \_\_\_\_\_ crowbars \_\_\_\_\_ shovels \_\_\_\_\_  
rakes \_\_\_\_\_ pickaxes \_\_\_\_\_ axes \_\_\_\_\_ gas chain saw \_\_\_\_\_  
portable power tools \_\_\_\_\_ carpentry tools \_\_\_\_\_ plumbing tools \_\_\_\_\_  
electrical tools \_\_\_\_\_ other \_\_\_\_\_

Would you have the room and ability to temporarily shelter people in an emergency?

If yes, how many? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_

Do you have any of the following?

solar powered dwelling \_\_\_\_\_ Wood stove \_\_\_\_\_ Gas generator \_\_\_\_\_  
water supply not dependent on electric pumps \_\_\_\_\_  
other energy self-sufficient capabilities (please specify) \_\_\_\_\_

**Please note:**

The above information may be included in your local satsang database for disaster preparedness or disaster relief activities.

**Please return this form to your Satsang Area Coordinator or to:**

**Mail: Arpana Warren**  
**P.O. Box 3042, San Ramon, CA 94583**

**Fax: 925-648-0254 (Arpana's fax #)**  
**email: [seva@ammachi.org](mailto:seva@ammachi.org)**