

SKILLS INVENTORY FOR PARENTS/NEIGHBORS

NAME: _____ PHONE #: _____

ADDRESS: _____

EMAIL ADDRESS: _____

Are you available during normal school hours? Yes No
 Would you consider being a volunteer after normal hours? Yes No
 How many minutes will it take for you to respond to the school after a disaster by walking? _____

** Volunteers must be at least 18 years of age and must carry a picture ID**

| Check if apply | Job | Qualifications (certificate training, experience, etc.) |
|----------------------|-----|--|
|----------------------|-----|--|

First Aid:

I'm a doctor. _____
 I'm a nurse. _____
 I'm certified in First Aid. _____
 I'm able to help in the following: _____

Services:

Traffic Control _____
 I will serve food and water. _____
 I will help with disabled staff/students. _____

Shelter:

I have training in shelter preparation _____
 I have training in emergency mgt. _____

Care:

I will be of assistance to children
 (read, comfort, play quiet games, sing, etc.) _____
 I will be of assistance to adults _____
 In the event of an emergency, I will bring
 materials to use at school _____
 (books, coloring books and crayons, games,
 cards, jump ropes, guitar, etc.) _____

Communications:

I am a Ham Radio Operator and have access
 to radio. _____
 I own a cell phone. _____
 I will help in uniting parents and students. _____
 I will help in translating for parents in _____

(Language Spoken)

This information will be kept confidential in the school office.

Date: _____ School: _____