



TOWNSHIP OF O'CONNOR RESIDENTS
EMERGENCY AWARENESS

All information collected will be kept confidential and will only be used in case of an emergency.

1. **Family Name/s:** _____ **Physical Address:** _____

2. **Number of Persons Living in House:** _____ **Pets:** _____

3. **First Name/s and Year of Birth for Each Household Member:**

Name Year of Birth Name Year of Birth

4. **Telephone Numbers:** Home _____ Work _____ Cell _____

5. **Medical Conditions of Any Household Member that May Pose a Problem or Concern in an Emergency:**

6. **Should the Power Go Out, Do You Have Alternate:**

Heat Supply _____ Water Supply _____ Back Up Power _____

7. **In the Need to Evacuate Your Home, Do You Have Transportation Available?:** _____

8. **Do You Have Neighbours/Family Members Nearby to Help You or Take You In?:** _____

9. **Would You be Able and Willing to Take Neighbours In?:** _____

10. **Would You Need Help Snowplowing Your Driveway in an Emergency?:** _____

11. **Would You be Able to Volunteer or Assist in the Event of an Emergency?:(Circle) YES NO**
If Yes,

What is the Most Likely Number That You Can be Reached at? _____

Are You a Specialist in the Emergency/Medical Field? (Please specify) _____

Are You a Specialist in Any Other Field that May be Helpful in the Event of an Emergency?
(ie. Special Vehicle Licensing, Community Support) _____

Do You Own Any of the Following Equipment You Would be Willing to Provide/Assist With?

Snowmobile _____ Tractors _____ Quads/ATV's _____

Skidders _____ Backhoes _____ 4 x 4 Trucks _____

Power Saws _____ Generators _____ Dump Truck/Trailer _____

Other Equipment You May Deem Useful _____

12. **Additional information you feel pertinent to provide:**

Submitted by: _____

Date: _____