

SKILLS INVENTORY FOR PARENTS/NEIGHBORS

NAME: _____ PHONE #: _____

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 obtain a school system I.D.**

Check If Applies	Qualifications (Certificate training, experience, etc.)
First Aid:	
<input type="checkbox"/> I'm a doctor	
<input type="checkbox"/> I'm a nurse	
<input type="checkbox"/> I'm certified in First Aid	
<input type="checkbox"/> I'm able to help in the following:	
Services	
<input type="checkbox"/> Traffic Control	
<input type="checkbox"/> I will serve food and water	
<input type="checkbox"/> I will help with disabled staff/students	
Care	
<input type="checkbox"/> I will be assistance to children (Read, comfort, play quiet games, sing, etc.)	
<input type="checkbox"/> I will be of assistance to adults	
<input type="checkbox"/> 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	
<input type="checkbox"/> I am a Ham Radio Operator and have access to radio	
<input type="checkbox"/> I own a cell phone	
<input type="checkbox"/> I will help in uniting parents and students	
<input type="checkbox"/> I will help in translating for parents in	Language Spoken:

This information will be kept confidential in the school office.

Date: _____ School: _____