

Emergency Preparedness Survey

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

Thank you for taking time to complete this brief survey. Doing so will help the Emergency Preparedness Team obtain information regarding your ability to respond quickly to staffing needs in the event of a disaster.

		YES	NO
1	Do you have a family disaster plan?		
2	If you are volunteering when a disaster strikes, do you have provisions in place to care for your family?		
3	Would caring for a child, dependant adult or pet impede you volunteering? Please check all that apply: Child _____ Dependent Adult _____ Pet ___ Dog___ Cat ___ Bird _____ (Other _____ specify _____.)		
4	If you were called into volunteer due to a Pandemic Flu situation, would you be willing and able to report to volunteering?		
5	Please indicate if you are involved in: visiting patients _____ non-patient activities _____.		

Please check the community where you volunteer most:

Columbia City _____ Fort Wayne _____

Huntington _____ Kendallville _____

LaGrange _____

If you would like additional information on family disaster planning, please contact the Emergency Preparedness Coordinator at extension ????? or the Safety Director at extension ?????.