

DISASTER PREPARATION PLAN - INFORMATION FORM

The **Lake of the Woods of Jacaranda Community Emergency Response Team (CERT)** will consist of residents trained by Sarasota County emergency providers. The Community will be divided into geographical zones, each with **Zone Leaders**. In order to help the CERT in an emergency (hurricane, tornado, flood, wildfire, etc) we are asking homeowners to **VOLUNTARILY** provide certain information. If you feel that a question is too invasive, please skip over the question. **Please note that all information submitted here will be regarded as private and confidential and will NOT be combined with any other association records such as billing records, directory information, etc. This information will be used ONLY in connection with preparation for and response to disasters. Upon completion, please return this form to the DPP Action Zone Leader. (PLEASE PRINT)**

TODAYS DATE _____ THIS HOUSEHOLD DECLINES TO PARTAKE

ADDRESS _____ LOT # _____ DPP ZONE # _____

NAME _____ EMAIL _____

PHONE 1 (____) _____ PHONE 2 (____) _____ PHONE 3 (____) _____

NUMBER OF ADULTS _____ NUMBER OF CHILDREN _____ NUMBER OF PETS _____

FULL TIME PART TIME - MONTHS YOU WILL BE GONE _____

EMERGENCY CONTACT _____

PHONE 1 (____) _____ PHONE 2 (____) _____ PHONE 3 (____) _____

KEY HOLDER _____

KEY HOLDERS ADDRESS _____

PHONE 1 (____) _____ PHONE 2 (____) _____ PHONE 3 (____) _____

HAZARDOUS MATERIALS & LOCATIONS	SPECIAL NEEDS
PAINT/THINNER _____	WHEELCHAIR BOUND _____
GASOLINE _____	BEDRIDDEN _____
FLAMMABLES _____	OXYGEN _____
OXYGEN TANK _____	OTHER _____
AMMUNITION _____	_____
CORROSIVES _____	_____
OTHER _____	_____
DO YOU NEED HELP IF CALLED UPON TO EVACUATE? <input type="checkbox"/> NO <input type="checkbox"/> YES	

WOULD YOU BE WILLING TO HELP THE CERT TEAM IF NEEDED? NO YES

DO YOU HAVE ANY **MEDICAL EQUIPMENT** THAT YOU WOULD BE WILLING TO LEND IN CASE OF AN EMERGENCY? NO YES (PLEASE SPECIFY)

WHEELCHAIR WALKER CRUTCHES CANE PORTABLE COT

OTHER _____

DO YOU HAVE ANY **EQUIPMENT** THAT YOU WOULD BE WILLING TO LEND IN CASE OF AN EMERGENCY? NO YES (PLEASE SPECIFY)

PORTABLE GENERATOR CHAIN SAW (GAS) CHAIN SAW (ELECTRIC)
 GOLF CART HAND TOOLS POWER TOOLS GARDEN TOOLS

OTHER _____

DO ANY OF YOUR HOUSHOLD MEMBERS HAVE ANY **MEDICAL TRAINING**?

NO YES (PLEASE SPECIFY) _____

ON THE BACK OF THIS FORM, PLEASE LIST ANY **SPECIAL SKILLS, EQUIPMENT OR COMMENTS** YOU HAVE THAT COULD BE HELPFUL TO THE TEAM. YES, SEE THE REVERSE SIDE.