DISASTER RECOVERY VOLUNTEERS – PROPERTY OWNER _____

ADDRESS _____ UNIT _____ LOT _____RC#_____

Item **Area of expertise and capabilities, that you're comfortable volunteering for. These are the standard option listed, feel free to write in.**	**Notes** **Name of resident, alternate phone #'s or other Information you feel would help Authorities or Management with planning.**
4wd Vehicle	
Animal Rescue/care	
Battery Operated Walkie Talkie	
Brush/Debris Clearing	
Cat Crates/Carriers	
CB or Harn Operator	
Child Care	
Construction	
Contact Volunteers & Coordinate with Authorities	
Crime Watch	
Damage assessment	
Doctor	
Dog Crates/Carriers	
Emergency Medical Certificate	
Fire Suppression	
First Aid Certificate	
Gas Powered Chainsaw	
Generator	
Mental Health Counsel	
Mini/Maxi Van	
Number of cats	
Number of Dogs	
Nurse	
On-Star Car Communication	
Other	
Plumbing	
Satellite Phone	
Search and Rescue	
Stop or Search Exit Traffic till S/O arrives	
Traffic Control	

DISASTER PREPAREDNESS – DISASTER RECOVERY VOLUNTEERS

ABDI'S disaster volunteer options prints a report of all residents who have elected to participate in community disaster recovery plan.

In the event of an emergency or disasters, missing child, power outages, extreme weather conditions, ice, downed trees, fire, tornado etc. A report can be printed out that will list all the available volunteers, their abilities along with address and contact #.

This information can then be utilized to assist management and authorities, EMS etc.

This report can also be used in tandem with the medical requirements report, which lets EMS know of individuals that require special care such as medications that need to be kept cold, residents that require power for oxygen or other lifesaving equipment. Residents that may not be capable of feeding themselves or getting around on their own and their care takers have been blocked from reaching them.

If you wish to volunteer in any way, please fill out the form, list any abilities you feel are beneficial along with any notes that may assist management with placement during an emergency.

The report lists the property owner along with the primary contact phone #. (even if it's also a cell phone please make sure your primary phone slot on your gateaccess.net is not blank)

If you have other residents in the home or alternate contact numbers that should be utilized during an emergency, please make those known in the note's column.

PROPERTY OWNER SIGNATURE _____DATE_____

Please fill out the backside of this form.

Standard Options available are listed on the back. Use this blank form to fill in Services you might provide that may not be listed.

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