

San Geronimo Valley Disaster Registry for:

_Lagunitas _ Forest Knolls _ San Geronimo _Woodacre AREA_____ i.e. A,B,C,D. If known.
This information will be kept with your Neighborhood Disaster coordinators, and the Woodacre Fire Dept. for use only in the event of a disaster. Its purpose is solely to help provide for the safety of all people, pets, and homes.

Date Form Completed or Last Verified: _____

Family Name	
Address	
PO Box	EMERGENCY HOUSING: In addition to us, Our home can accommodate _____ people.

HOUSEHOLD MEMBERS: Please list phone numbers, email addresses, likely daytime locations, special circumstances (such as diabetic, heart problems, allergies). Include any information that may be useful to emergency personnel like children's dates of birth and schools. Include brief descriptions of pets.

Name
Name
Name
Name
Name

Pet
Pet

EMERGENCY CONTACTS: One contact should be outside the West Marin/Bay Area:

Name	Address	Phone
Name	Address	Phone

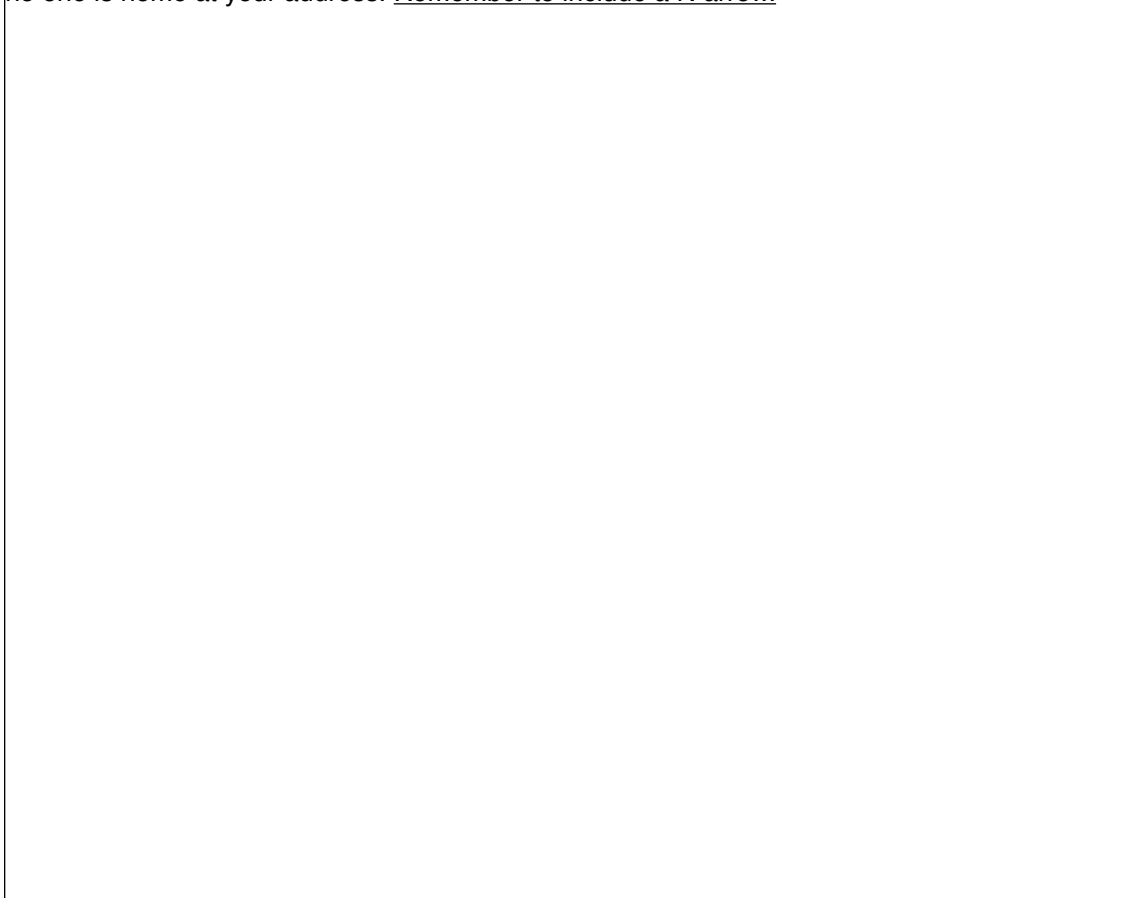
PERMISSION TO PICK UP CHILDREN FROM SCHOOL: In the event we cannot get home by the end of the school day, I/we have given permission to the school for the following people to pick up our children at school and care for them until we return. (This information should be on the Emergency file at the School).

Name	Address	Phone
Name	Address	Phone

PERMISSION TO SHUT OFF UTILITIES: In the event that no one is at home, I/we hereby give permission for water, gas, and electricity to be shut off if it is necessary to do so for the safety of our house and/or the neighborhood.

Signed _____

BUILDING AND WATER LOCATIONS, UTILITY SHUTOFFS:
Please sketch below a simple map of your property showing building locations and descriptions (residence, shed, garage). Indicate locations and capacities of water tanks, ponds, propane tanks, and fuel tanks. This is extremely important to firefighters in case of wildfires, especially if no one is home at your address. Remember to include a N arrow.



RESOURCES: mark the equipment, skills, and water supplies that you have and are willing to share with the Disaster Council in case of emergency.

√	Equipment	QTY	√	Animals	QTY
	Axe / Shovel / Pry bar			Horses	
	Chainsaw			Dogs	
	Generator			Cats	
	Camp Stove – propane			Livestock	
	Camp lights - propane			Other	
	Port-A-Potty			Kennels	
	Sleeping Bag				
	Bicycle				
	Motorcycle / Trail bike				
	Horse trailer				
	Camping trailer				
	Tent				
	Truck / 4WD				
	Tractor / Backhoe				
	Walkie-Talkie				
	Cell Phone & charger				
	Ham Radio				
	Other (Specify)				

√	Skills	Person with skill
	C.E.R.T. trained? When?	
	First aid/CPR/Red Cross – which?	
	Paramedic/EMT – which?	
	Nurse/physician assistant	
	Physician	
	Veterinarian	
	Cooking	
	Childcare	
	Teaching	
	Counseling	
	Heavy equipment operator	
	Disaster assessment	
	Ham radio	
	Motorcycle driver	
	4WD driver	
	Auto mechanic	
	Carpentry	
	Electric work	
	Plumbing	
	Telecommunications repair	
	Tree cutting	
	Clerical	
	Clergy	
	Legal	
	Red Cross Trained	
	Runner / messenger	
	Other (specify)	

Food On Hand	Supply for # of days:	Fuel	(above/under ground quantity)
# of People: _____	_____ days	Propane	
# of Pets: _____	_____ days	Diesel	
Other		Gasoline	
		Heating oil	

Water Supplies (for firefighting/washing)	
Water Tank	Hot tub
Water bed	Pond
Swimming Pool	Hand/gasoline powered pump

Other Comments: