

*please
complete
by 10/12/08*

Neighborhood Watch and Disaster Preparedness

Dear Homeowners,

My name is Pat DiLeva and I have been a homeowner in our beautiful tract for many decades. Upon retirement a few months ago, I was approached to assume the position of Neighborhood Watch Coordinator by Annette Morris. I thought I would give it a try and help to disseminate information to members of "our small Community" through fliers, the News letter, and even special meetings with speakers on such topics as Earthquake and Disaster Preparedness,

My Goal is to maintain safety in our lovely tract and to make sure that all our residents continue to live in a safe, clean, graffiti free environment. It is our hope that all residents will not have to fear taking a walk at night, or be concerned about leaving on vacation and finding their home burglarized. In the event of a major disaster we wish our homeowners to be able to act on a Plan Which Is Already In Place.

I have no experience in disasters outside of those involving medical facilities but I do intend to attend several conferences and meetings to improve my "Knowledge Base" on such topics as Internal or External Disasters, Earthquake Preparedness, how to manage a Neighborhood Watch.

In today's climate with more residents, fewer resources, as well as the risk of an Earthquake or a Natural Disaster, we must have a Pre-Plan for ourselves and our neighborhood since it will take 72 full hours before any emergency crews can make it to our streets. Thus, we wish to train all residents to be prepared and **know what to do and what not to do** during an Emergency.

The purpose of this survey is to provide us with information regarding what resources we already have in our tract, the talents and experiences of the homeowners who live here. The Disaster Preparedness Committee also need to know the numbers of children who live here, as well as any individuals with disabilities. We also wish to know how many and what types of Pets each household owns.

We will take the information and initiate plans and develop policies that we may act on in the event of any type of a disaster.

I appreciate your assistance in both completing the Survey and in signing up for a committee if your can.

Thank you.

Pat DiLeva

**ROLLING RANCHOS
EMERGENCY AND DISASTER PREPAREDNESS**

SURVEY OF RESIDENT FAMILIES 2008

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
Name of Out of Area Emergency Contacts: _____	
Phone Numbers of Contact: _____	

HOME OCCUPANTS SKILLS * PLEASE CHECK ALL THAT APPLIES

<input type="checkbox"/> Medical (Physicians or Nurses)	<input type="checkbox"/> Licensed Nurse Practitioner
<input type="checkbox"/> EMT Certification	<input type="checkbox"/> Architecture
<input type="checkbox"/> First Aide Certification	<input type="checkbox"/> Engineering
<input type="checkbox"/> Basic Cardiac life Support	<input type="checkbox"/> Mental Health Counselors
<input type="checkbox"/> Advanced cardiac Life Support	<input type="checkbox"/> Psychologists
<input type="checkbox"/> Second Language	<input type="checkbox"/> Child Care Background
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Ham Radio Operators
<input type="checkbox"/> Electrician (Wiring & Circuits)	<input type="checkbox"/> Dietary and Meal Planners
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Advanced First Aide Certification
<input type="checkbox"/> Gas Line/heater experience	
<input type="checkbox"/> Public Service Workers	

EMERGENCY RESPONSE TRAINING

- | | |
|--|---|
| <input type="checkbox"/> PERT | <input type="checkbox"/> RED CROSS |
| <input type="checkbox"/> CERT | <input type="checkbox"/> FIRE SUPPRESSION |
| <input type="checkbox"/> SEARCH & RESCUE | <input type="checkbox"/> LAW ENFORCEMENT |
| <input type="checkbox"/> HAZARDOUS MATERIALS | <input type="checkbox"/> DCS |

EMERGENCY PREPAREDNESS ORGANIZATION ASSISTANCE

- | | |
|--|--|
| <input type="checkbox"/> Computer Experience | <input type="checkbox"/> Organizing Assistance |
| <input type="checkbox"/> Printing and Xeroxing | <input type="checkbox"/> Hold Meeting for emergency & disaster preparedness. |
| <input type="checkbox"/> Organization Experience | |

**HOUSEHOLD SPECIAL NEEDS: PLEASE CHECK ALL APPROPRIATE BOXES
PLEASE CHECK ALL APPROPRIATE BOXES IF RESIDENT HAVE SPECIAL NEEDS**

<input type="checkbox"/> Oxygen	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Bedridden
<input type="checkbox"/> Dementia	<input type="checkbox"/> Elderly Disabled	<input type="checkbox"/> Requires wheelchair
<input type="checkbox"/> Other Special Needs	<input type="checkbox"/> Disabled	<input type="checkbox"/> Requires Walker
<input type="checkbox"/> Live Alone	<input type="checkbox"/> Sight Impaired	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Small Children at Home	<input type="checkbox"/> Have Pets (Describe _____)	

Emergency Response Team - PLEASE MARK ALL THAT YOU ARE WILLING TO SERVE ON. Thank you

LOGISTICS TEAM <input type="checkbox"/>	SPECIAL NEEDS TEAMS <input type="checkbox"/>
COMMUNICATIONS TEAM <input type="checkbox"/>	