



City Website: www.vernonia-or.gov

VRFD Website: www.vernoniafire.us

Vernonia Area Emergency Response Survey 2012

As we enter winter weather, we realize that we are missing critical information. Please take a few minutes to fill out this survey so that emergency personnel will know who in our community may need assistance in a variety of disasters.

This information is for emergency response purposes only and will be used by emergency responders and government offices to reach vulnerable populations.

Please fill out a separate sheet for each residence or business

Household Emergency Information

Home Residence / Business (Circle One)

Names of Heads of Household: _____

Street Address: _____

Landline phone: (____)-____-____

Cell Phones: (____)-____-____ (____)-____-____

2nd or Work Phone: (____)-____-____

Email: _____

Emergency Contact Name: _____ Phone (____)-____-____

How many people live in household: _____

Ages of household members? _____

Does anyone in the home have a disability? Yes / No Describe: _____

Does anyone have difficulty with mobility or walking? Yes / No Describe: _____

Does anyone in the family have a serious medical condition that requires access to:

Electricity- (C Pap machines, etc) Describe: _____

Medication- If unable to get medication within 3 to 4 days would create medical problems. Describe: _____

Oxygen Describe: _____

Does your family have access to transportation? Yes / No

Does your family need language interpretation? Yes / No
What language is spoken in the home? _____

Other important factors for us to know about? Pets, etc?

Housing Questions

When was your home built? _____ Number of stories? _____

Type of home: (circle one)
Wood (stick built) / Masonry or Brick (not veneer) / Manufactured home

Has your home ever been flooded? Yes / No Has your home been lifted? Yes / No

Do you have any toxic chemicals/hazardous waste that would need to be removed prior to a flood? Yes / No

Are you on well water? Yes / No

Do you have a working generator? Yes / No

Do you have a pre-arranged place to stay? Yes / No

Can you help out or volunteer?

Do you speak another language? Yes / No If so what? _____

Are you a trained volunteer: CERT / Red Cross / EMT / VFD Firefighter / Other?

Other skills & experience? _____

Do you have access to equipment such as trucks, heavy equipment, etc.?

Would you be willing to assist others by providing housing? Shelter pets? Provide transportation? Other? Describe:

Surveys may be dropped off: City Hall / Water Dept. Payment Box