**CHRISTMAS TREE HILL NEIGHBORHOOD RESPONSE GROUP**

**CONFIDENTIAL RESIDENT INFORMATION FORM**

Please be assured that your information will be treated as confidential, will be shared only with the NRG Emergency Response Team and is solely for the purpose of assisting you to prepare for, respond to, and recover from a major emergency or disaster. Please complete the form and deliver or mail it to CTH NRG c/o 200 Marina Vista Avenue, Larkspur, CA 94939, or email it to: [cthnrg@gmail.com](mailto:cthnrg@gmail.com). Thank you!

**PLEASE PRINT**

1. **Address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Street** | **Town** | **Zip Code** |
|  |  |  |  |

1. **Adult residents’ first and last names:**

|  |  |  |
| --- | --- | --- |
|  | **First Name** | **Last Name** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

1. **Children’s first and last names and birth year:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Name** | **Last Name** | **Birth Year** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

1. **Phone Numbers:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Area Code** | | |  | **Phone Number** | | | | | | | |
| **Cell 1** |  |  |  |  |  |  |  | - |  |  |  |  |
| **Cell 2** |  |  |  |  |  |  |  | - |  |  |  |  |
| **Home** |  |  |  |  |  |  |  | - |  |  |  |  |
| **Office 1** |  |  |  |  |  |  |  | - |  |  |  |  |
| **Office 2** |  |  |  |  |  |  |  | - |  |  |  |  |

1. **Primary email address/addresses:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Emergency contact(s) not in our earthquake zone:**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Phone Number(s)** |
| **1** |  |  |
| **2** |  |  |

1. **Pet(s) Name(s) and Type(s):**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Type of Pet (dog, cat, etc.)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

1. **What additional information would be important for rescue workers to know about your household members? (i.e., people with special needs, medical conditions, etc.):**

|  |
| --- |
|  |
|  |
|  |

1. **Has any adult in your household attended emergency preparedness training?**

|  |  |  |
| --- | --- | --- |
| **Training** | **Yes** | **No** |
| ‘GET READY’ Class |  |  |
| CERT Training |  |  |
| FADR Training |  |  |
| Other relevant training (please describe) |  | | |

1. **Does any adult in the household have medical training?**

|  |  |  |
| --- | --- | --- |
| **Training** | **Yes** | **No** |
| Doctor |  |  |
| Nurse/Nurse Practitioner |  |  |
| First Aid |  |  |
| Other (please describe) |  | | |

1. **Do you have resources that could be used in disaster recovery?**

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Yes** | **No** |
| Pick-up truck or 4-wheel drive |  |  |
| Chainsaw |  |  |
| Generator |  |  |
| Other equipment/supplies that could be used (please describe) |  | | |

1. **Does any adult in the household have armed forces, National Guard, police, or fire training?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Training** | **Yes** | **No** | **If Yes, Who** |
| Police |  |  |  |
| Fire |  |  |  |
| National Guard |  |  |  |
| Armed Forces |  |  |  |
| Other relevant training (please describe) |  |  |  |

1. **Does any adult in the household have hands-on disaster response/recovery experience?**

|  |  |
| --- | --- |
| **Type of Experience** | **Who** |
|  |  |
|  |  |

1. **Is there any other emergency preparedness related information you wish to share with us?**

|  |
| --- |
|  |

**Please notify us if any significant change occurs in the information you have provided to the NRG,**

**or if you plan to move away. Thank you for submitting your information.**