



# NEIGHBORHOOD SKILLS CHECKLIST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Names of family members at this address (please indicate ages): \_\_\_\_\_

Our household has received training and/or has the following special skills to offer (*check off boxes where training has been received, and indicate names of family members trained*):

	Family Member Name	Has Received Training	Is Certification of License Required Yes/No	Has Current License. If Yes, Expiration Date Required
Amateur Radio				
C.E.R.T.				
Construction, Carpentry, Plumbing, Electrical, etc.				
CPR/AED				
Crisis Counseling				
Damage Assessment				
EMT/First Aid				
Firefighting				
Professional Search and Rescue				
Sign Language				
Other (please specify):				

Do you speak any foreign languages (please specify)? \_\_\_\_\_

Do you have any other special skills not mentioned above (i.e., translation, cooking for large groups, child care, elder care, etc.)? If yes, please indicate skill/service and willingness to volunteer assistance in the event of an emergency.

\_\_\_\_\_  
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