

VGCC Security Emergency Preparedness Form

Email completed form to:

masterassociation@vgccmaster.com

Resident Information

Name _____ Date _____

Address _____

Number of Adults in home _____ Number of Children in home _____

Home Phone _____ Cell Phone _____ Email address _____

Vehicles: Make _____ Model _____ Tag _____

Emergency Contact _____ Emergency Contact Phone _____

Are you a year-round resident (Y/N)? _____ If not, what months are you away? _____

Telephone Number where you can be reached _____

Who has your key or access to your house _____

What is their address _____ phone _____

Alarm Company _____ Phone # _____

Registered Permanent Guests and Vendors: _____

Neighborhood Programs and Concerns

Have you filled out a **Sarasota County People with Special Needs Application?** (Y/N)? _____

Do you need help preparing your property for a hurricane (Y/N)? _____

Will you provide emergency, temporary housing for a neighbor (Y/N)? _____

Are you willing to temporarily house loose pets on your property (Y/N)? _____

Please check all skills, services or equipment you are willing to share or can assist with:

Equipment & Supplies

TRANSPORTATION

____ Mini/Maxi van
____ 4wd vehicle
____ Gas-powered chainsaw
____ Generator
____ Other: _____

COMMUNICATIONS

____ CB or ham operator
____ Cell phone
____ Battery operated walkie-talkie

____ On-Star car communication

Skills

MEDICAL

____ Doctor
____ Nurse
____ Emergency Medical Cert.
____ First Aid Cert
____ Mental Health Counsel

CONSTRUCTION

____ Damage assessment
____ Construction
____ Plumbing
____ Electrical

OTHER

____ Fire suppression
____ Search & Rescue

Assist With

____ Child care
____ Search and rescue
____ Crime watch
____ Traffic control
____ Pets rescue/care
____ Brush/debris clearing

PETS

____ Number of dogs
____ Number of cats
____ Dog crates/carriers
____ Cat crates/carriers