

VILLA MARINA EMERGENCY INFORMATION FORM

This information will be kept confidential. Thank you for your support!

PERSONAL INFORMATION

Information for All People Who Reside in Your Unit:

Name: _____ Name: _____
Cell: _____ Cell: _____
Email: _____ Email: _____

Name: _____ Name: _____
Cell: _____ Cell: _____
Email: _____ Email: _____

Name of Your Villa:

Home Address:

Home Phone:

Home Fax:

PET INFORMATION

Names:

Breeds:

EMERGENCY INFORMATION

Local Emergency Contact's Name:

Relationship:

Phone Numbers:

Address:

Out of Area Emergency Contact's Name:

Relationship:

Phone Numbers:

Address:

Do you have SPECIAL NEEDS?

Hearing _____ Limited mobility _____

Vision _____ Wheelchair/cane/walker _____

Other: _____

Are you willing to HELP in case of disaster? Yes _____ No _____

What key TOOLS do you have that can be used in an emergency?

Fire Extinguisher _____ Walkie talkie _____ Ladder _____

CB radio _____ Ham radio _____ Crowbar _____

Generator _____ Chainsaw _____ Rope _____

Shovel _____ Other _____

What special SKILLS/TRAINING do you have that can be used in an emergency?

First aid _____ CPR _____ CERT _____

Physician _____ Nurse _____ Paramedic _____

Firefighter _____ Police Officer _____ Electrician _____

Plumber _____ Construction _____ Other: _____

Please mail to: Villa Marina Council, 4777 La Villa Marina, Marina Del Rey, CA 90292

Or fax to: Villa Marina Disaster Preparedness Chairman at 310-496-0940

Or scan and email as attachment to: DPC@villamarinacouncil.com