



**SPINNAKER STREET/BLOCK:** Portsmouth Cove - House# \_\_\_\_\_  
**BLOCK CAPTAIN/CO-Captain Name(s):** Marty Brenneis  
**Address:** 33 Portsmouth Cove  
**Cell/Text:** 415-485-4478  
**E-mail:** marty@brenneis.com

Are you ready for a big disaster?! Sometime in our future there will be an earthquake, or flood, or other large scale emergency. It may not be a total "Armageddon", but it will assuredly overwhelm the public safety response system (i.e.: Police, Fire, Hospital personnel may not be able to respond for a few days). Many of our neighbors are coming together now to form a disaster response team, to prepare, in the event of a disaster. They are joining an organization called **CERT** ("Community Emergency Response Team"). For more information, go to: <http://www.ReadyMarin.org> or the website of Marty Brenneis, who is the Disaster Coordinator for Spinnaker Point: <http://www.defpotec.com/Disaster>

It would be great if you wanted to join us and there are many ways you may help in this effort. There is no cost to you to get some training and participate in the emergency drills. Additionally, you may help us all by getting your family ready to care for themselves, when civil responders are not available. In an actual emergency, Spinnaker residents are asked to come to the Command Post, which will be set up at the pool house.

The survey below is a first step and a way you can share vital information with your Block Captains, to help prepare and respond in an emergency situation. We are in need of more Block Captains, if this is of interest to you. Your participation is totally optional, of course.

The completed form will be held by the Spinnaker Point CERT and by your Block Captains (identified above) only. The information shared on this form will be kept confidential and used solely to develop an emergency plan and/or to reference in the event of an actual emergency. In order to preserve the confidentiality of the survey information you provide, detailed survey results will not be published.

In case of an emergency, by signing below, I / WE authorize the Spinnaker CERT to share MY / OUR information as necessary, and specifically give MY / OUR permission to share any medical or health related information with first responders, medical providers or anyone who reasonably needs the information in the event of any emergency.

Signature(s): \_\_\_\_\_

PRINT NAME(S): \_\_\_\_\_

HOUSE ADDRESS: Portsmouth Cove     Renter     Owner

DATE: \_\_\_\_\_

**YOU MAY RESCIND YOUR PERMISSION, WHENEVER YOU CHOOSE, BY NOTIFYING THE BLOCK CAPTAIN IN WRITING.**

**A copy of this document will be provided for you to keep in a safe place, should you wish to change, update or remove information.**

<u>Check</u> (if applicable)	<u>Resident Name</u> **Do not include names of children if you are not comfortable doing so.	<u>Age</u>	<u>Cell</u>	<u>E-mail</u>
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

<input type="checkbox"/>	<u>Emergency Contact(s) out of area:</u> _____ _____ _____	<u>Location:</u> _____ _____ _____	<u>Telephone Number:</u> _____ _____ _____	<u>Other details:</u> _____ _____ _____
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<input type="checkbox"/>	<u>Pet's Name -- Friendly? (circle one):</u> _____ _____ _____ _____ _____ Yes / NO _____ Yes / NO _____ Yes / NO _____ Yes / NO	<u>Type:</u> (Dog, Cat, Fish, Bird, Snake, Monkey, Seal) _____ _____ _____	<u>Food:</u> _____ _____ _____	<u>Food Location:</u> _____ _____ _____
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<input type="checkbox"/>	<u>Vehicle(s) Make:</u> _____ _____ _____ _____	<u>Model:</u> _____ _____ _____	<u>Color:</u> _____ _____ _____	<u>Year:</u> _____ _____ _____
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Special / Critical Needs: Is there anyone at your address who may need some assistance during an actual emergency, such as persons with young children, or persons with limited, reduced ability or inability to see, read, walk, speak, hear, learn, remember, understand, and/or respond quickly?

<input type="checkbox"/>	<u>Special/Critical Need(s):</u>          <u>See attachment (if needed) -- YES / NO</u>	<u>Medications:</u>          	<u>Food:</u>          	<u>Mobility Issues:</u>          
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<input type="checkbox"/>	<u>Special Equipment:</u> <ul style="list-style-type: none"> <li>• Chainsaw</li> <li>• Extra Fuel</li> <li>• Fire Extinguishers</li> <li>• Generator</li> <li>• Medical Supplies</li> <li>• Rope</li> <li>• TALL Ladder</li> <li>• Tents</li> <li>• Saw</li> <li>• Tools</li> <li>• Grill or camp stove</li> </ul>	<u>Details -- kinds/types of Equipment; accessibility:</u>	
<input type="checkbox"/>	<u>Special Skill(s)/Training:</u> <ul style="list-style-type: none"> <li>• Administrative</li> <li>• Body Worker</li> <li>• Caregiver</li> <li>• Childcare</li> <li>• Construction</li> <li>• Engineering</li> <li>• First Aid</li> <li>• Managerial</li> <li>• Medical Doctor</li> <li>• Minister</li> <li>• Psychologist</li> <li>•</li> </ul>	<u>Details as to your proficiency level? [For example: Expert, Passionate, Interested/willing to learn more]:</u>	
<input type="checkbox"/>	<u>Scrounge List (other helpful "stuff"):</u>	<u>Other Details:</u>	
<input type="checkbox"/>	<u>Amateur Radio</u> Yes / No	Willing to join neighborhood network?: Yes / No (circle one) Level of Proficiency (beginner, expert)?:	
<input type="checkbox"/>	<u>CERT Graduate?</u>	(circle one) Yes / No:	<u>Yr Certified:</u> <u>Additional CERT Training(s)?:</u>
<input type="checkbox"/>	<u>HAVE GO BAGS</u> <ul style="list-style-type: none"> <li>• Car(s)?</li> <li>• Home??</li> </ul>	(circle one) Yes / No Yes / No	<u>WHERE are Go Bag(s) specifically? LOCATION(s):</u>

Other notes: