

**BOWEN ISLAND NEIGHBOURHOOD EMERGENCY PROGRAM  
QUESTIONNAIRE**

Information provided on this form is for use in an emergency only, and will be kept as confidential as possible.  
You would be approached in a time of need by the Neighbourhood Emergency Response Person (NERP) in your area.

Name/s \_\_\_\_\_ Area of island \_\_\_\_\_

Location (House No. and Street) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

How many live in your home? \_\_\_\_\_ Are you daily commuters? \_\_\_\_\_

Are there small children? \_\_\_\_\_ Seniors? \_\_\_\_\_

Does anyone require a wheelchair? \_\_\_\_\_ a walker? \_\_\_\_\_

emergency medication? \_\_\_\_\_ Any other special needs? \_\_\_\_\_

Would you be prepared to accommodate evacuees? \_\_\_\_\_

Could you accommodate pets? \_\_\_\_\_

Do you have a back-up source of heat? \_\_\_\_\_

**1. Skills/qualifications:**

Do you have emergency response training? \_\_\_\_\_

Current industrial First Aid training? \_\_\_\_\_

Are you a doctor? \_\_\_\_\_ a nurse? \_\_\_\_\_ (registered or practical?)

Are you a trained counsellor? \_\_\_\_\_

Other qualifications \_\_\_\_\_

**2. Equipment/machinery/tools you MAY have available:**

Radio:    CB \_\_\_ Marine VHF \_\_\_ Ham Radio \_\_\_ Walkie Talkie \_\_\_\_\_

    Could this equipment be set up quickly in an emergency? \_\_\_\_\_

    For how long could you operate using emergency power (no hydro)? \_\_\_\_\_

Would you be willing to help the Neighbourhood Emergency Program in any of the following ways?

House checker (of approx. 10 houses in your area) \_\_\_\_\_

Registration and enquiry (requires a one-day training course) \_\_\_\_\_

Assisting at a reception centre (in an emergency) \_\_\_\_\_

Updating information (at non emergency times) \_\_\_\_\_

Record keeping \_\_\_\_\_

Transportation \_\_\_\_\_

Otherwise \_\_\_\_\_