

# Appendix B

## Guide to Emergency Planning for Communities: Community Survey



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## **Community Emergency Plan**

Community Name: [*name*]

How prepared are you for an unexpected emergency or disaster?

How prepared we are as a community before a disaster, will determine what our lives will be like afterwards.

Anne Arundel County Office of Emergency Management has developed a Community Emergency Plan Template. Please join your community members in writing a plan for your community. Fill out the attached survey so the Community Emergency Group can know how to best help our community in the event of an emergency or disaster.

Please complete the survey by: [*date*].

Your Community Emergency Group Leader, [*name, cell phone, & email*] will return to collect it.

Information provided will be kept confidential and used solely to develop a Community Emergency Plan and to reference in the event of an emergency or disaster.

# [Community Name] Community Survey

Help us develop a Community Emergency Plan! To complete the plan, we need to know what extra help you might need in an emergency or disaster, and what special skills or supplies you are willing to utilize to help all of us. All information will be kept confidential by the community and is only for community emergency planning. Please complete one form per household, business, or organization and return it to your Community Emergency Group Leader. Participation in this survey is voluntary.

1. What is your name, telephone, e-mail, and address?

Name: [ ]

Mobile Telephone: [ ]

Home Telephone (if applicable): [ ]

E-mail: [ ]

Address: [ ]

What is the name and telephone number of one (1) out of area emergency contact?  
[ ]

Are you interested in assisting with and supporting the [Community Name] Community Emergency Plan?

- Yes
- No

2. Does anyone at your address need translation? If so, what languages?

- Spanish
- Korean
- American Sign Language (ASL)
- Other [ ]

3. What animals or pets do you have at this address and how many?

Species	Number	Name(s)	Microchip Number
Dog			
Cat			
Bird			
Other			
Livestock			

Are the animals friendly?  Yes /  No

4. Is there anyone at your address who may need some assistance during an emergency or disaster, 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?

5. Does anyone at your address have special skills or training (e.g., experience or training with Community Emergency Response Team, Red Cross, military, public safety, medical care, First Aid, amateur radio, electrical, plumbing, telephone lines, gas company, or is multi-lingual)? If so, what kind or type?

6. Do you have equipment or supplies our community might use in an emergency or disaster? If so, please describe the type, number available, number of people it can hold (if a vehicle), drivers (if applicable), and 24/7 contact information.

