



**READY NEIGHBORHOODS COMPETITION
TEAM FACILITATOR REPORT**

Name of Neighborhood Organization _____

Name of **Ready Neighborhoods** Team Facilitator _____

1. _____ households have reported they have a communication plan in case of an emergency
2. _____ households have reported they have a designated safe place in case of an emergency
3. _____ households have an emergency kit
4. _____ individuals have completed compression only CPR
5. _____ individuals have completed CERT training (*Please attach class sign in roster for items 4 and 5*)
6. _____ individuals are certified in CPR and have agreed to join the emergency response team

List first initial and last name:

Expiration date:

Extra points:

_____ We have completed a basic continuity plan.

_____ Individuals have completed CERT Train the Trainer courses (attach agreements).

_____ We have signed _____ independent neighbors during this competition.

_____ We have completed a comprehensive continuity plan to encourage continuing awareness related to disaster preparedness.

Other: _____

Report on backside if additional space is needed.

To the best of my knowledge the information reported above is true and accurate.

Printed Name: _____

Signature: _____

Email Address: _____

Please attach to this form a signed cover letter from the named leader of the neighborhood organization.



READY NEIGHBORHOODS COMPETITION SURVEY
(one per household)

Association Name _____

Independent Neighbor _____

Name of family (include address, phone number & email address)

- _____ I/we have a family communication plan.
- _____ I/we have identified a safe location in the event of an emergency.
- _____ I/we have completed Compression Only CPR training.
- _____ I/we have completed CERT training.
- _____ I/we have an emergency and first aid kit (check contents below).

Check contents:

- | | | | |
|---|---------------|-------------------------|--------------------------|
| water | cash | garbage bags | first-aid kit |
| food | first-aid kit | toilet paper | prescription medications |
| radio | flashlight | wash cloth/towel | important documents |
| flashlight | sturdy shoes | blanket/sleeping bag(s) | ponchos/raingear |
| basic tools/heavy work gloves | matches | | soap, hand sanitizer |
| special items for babies or family members with special needs | | | |

Comments _____

Special training, knowledge, assets I am willing to share during an emergency:

*I am certifying by my signature that all the above information is true. I am aware that I may be asked by the **Ready Neighborhoods** Team Facilitator to provide proof of any of the above statements.*

Printed Name: _____ Signature: _____