

# SURVEY OF STAFF SKILLS I/2

SCHOOL	SCHOOL YEAR	E-MAIL

Please complete the following survey and return it to the Site Incident Command designee. This information will be used to update the site emergency plan in order to better prepare for any emergency situation that might occur.

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

## I. EMERGENCY RESPONSE:

Please check (✓) any of the following areas in which you have expertise or training:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> First Aid                           | <input type="checkbox"/> Search and Rescue     | <input type="checkbox"/> Firefighting          |
| <input type="checkbox"/> CPR                                 | <input type="checkbox"/> Hazardous Materials   | <input type="checkbox"/> Incident Debriefing   |
| <input type="checkbox"/> Emergency Medical                   | <input type="checkbox"/> Media Relations       | <input type="checkbox"/> Plant Facilities      |
| <input type="checkbox"/> Military                            | <input type="checkbox"/> Law Enforcement       | <input type="checkbox"/> Sign Language         |
| <input type="checkbox"/> Commercial Driver License           | <input type="checkbox"/> School Bus            | <input type="checkbox"/> Other (Explain Below) |
| <input type="checkbox"/> Professional Crisis Training (NCPI) | <input type="checkbox"/> Special Needs         |  |
|  | <input type="checkbox"/> Mental Health Support |  |

Please explain or clarify items checked:

AREA OF EXPERTISE	EXPERIENCE OR TRAINING

# SURVEY OF STAFF SKILLS 2/2

## II. SPECIAL CONSIDERATIONS:

Please check (✓) any unique skills or resources you feel would be of assistance in an emergency situation. Explain experience or training:

✓	UNIQUE SKILLS	EXPERIENCE
	Multilingual (list language)	
	Experience with people with special needs	
	Ham or CB radio experience	
	Knowledge of community	
	Other	

## II. DISASTER SERVICE WORKERS:

California Government Code Section 3100 specifies that public employees are declared to be Disaster Service Workers subject to such disaster service activities as may be assigned to them by their superiors or by law. In the event of such an incident, please indicate the proximity of your residence to your work location.

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> One mile or less   | <input type="checkbox"/> 20-25 miles | <input type="checkbox"/> 40-45 miles |
| <input type="checkbox"/> Five miles or less | <input type="checkbox"/> 25-30 miles | <input type="checkbox"/> 45-50 miles |
| <input type="checkbox"/> Ten miles or less  | <input type="checkbox"/> 30-35 miles | <input type="checkbox"/> 50-55 miles |
| <input type="checkbox"/> 15-20 miles        | <input type="checkbox"/> 35-40 miles | <input type="checkbox"/> 60 miles +  |