



Please fill out this registration form so that we can communicate and work together to assist one another during emergency events.

FAMILY LAST NAME(S) _____ Hillsborough, CA 94010

Address _____ Hillsborough, CA 94010

Indicate all persons residing here (homeowner/H, children/C, relatives/R, other/O). Note birth year and any special needs.

e.g. Name John Doe/H Birth Year 1955 Special Needs? n/a or wheelchair

1. Name _____ Birth Year _____ Special Needs? _____

2. Name _____ Birth Year _____ Special Needs? _____

3. Name _____ Birth Year _____ Special Needs? _____

4. Name _____ Birth Year _____ Special Needs? _____

5. Name _____ Birth Year _____ Special Needs? _____

Person 1 Email _____ Person 1 Cell _____

Person 2 Email _____ Person 2 Cell _____

Home Phone _____ Work Phone (if applicable) _____

Name and type of pet(s) at this address

 Pet Name 1 Dog/Cat/Other Pet Name 2 Dog/Cat/Other Pet Name 3 Dog/Cat/Other

OUT OF THE AREA EMERGENCY CONTACT

Name _____ Relationship _____ Phone or Email _____

Describe the location from the street of your main gas, water, & electrical shutoffs (e.g. Gas & Elec.—right of front door; Water—left of garage)

Gas _____ Water _____ Elec. _____

What equipment/supplies do you have available?

generator/alternate power source AED (defibrillator) HAM radio chainsaw tools swimming pool

other _____

A household member has the following skills:

medical training CPR/First Aid training CERT training ham radio license
 crisis counseling training carpentry/repair skills languages _____

Would you like to join one of HNN's volunteer teams? (see website for more details)

Neighborhoods Special Events, Town Emergency Prep Day, Blood Drives, etc.
 Communication Technology Emergency Shelter Assistance (background check required)
 CERT (Community Emergency Response Team) Emergency Food & Donations

Signature _____

Date _____

NOTE: The information above will be provided to your HNN Neighborhood Lead(s) and to Town of Hillsborough safety workers in order to communicate with you, for emergency use only. It will not be distributed for other purposes.

Please return this form to your HNN Neighborhood Lead or:

HNN, Town of Hillsborough, 1600 Floribunda Avenue, Hillsborough, CA 94010

email hnn@hillsborough.net

website www.hillsborough.net/HNN