

Functional Needs Registry — Enrollment Form

For: Residents who would want assistance in an emergency

Confidential: Held by the data steward; shared only with your captain and buddy, need-to-know

This form is voluntary and confidential. You decide whether to fill it out and what to share. The information is kept by one designated data steward, shared only with your road captain and assigned buddy on a need-to-know basis, used only for emergency planning, and deleted if you move or ask us to remove it. Its only purpose is to make sure no one is left without help when it matters.

Your information

Name: _____

Address / road: _____

Best contact (phone/text/other): _____

Preferred contact method: _____

How we can help in an emergency

Check anything that applies. Add detail only if you're comfortable.

- ☐ I may need help evacuating / cannot leave quickly on my own
- ☐ I use powered medical equipment (e.g., oxygen, CPAP) — battery runtime: _____
- ☐ I take critical medication; some needs refrigeration: ☐ Yes ☐ No
- ☐ I have hearing or vision limits that could cause me to miss an alert
- ☐ I would have trouble in a fast, confusing situation and do best with a familiar person
- ☐ I have pets or animals that would need to evacuate (describe): _____
- ☐ I live alone

Anything else that would help us help you: _____

Your buddy (filled in with your captain)

A buddy is a nearby neighbor who agrees to check on you and help if needed. You'll be introduced before any emergency.

Primary buddy: _____

Buddy phone: _____

Backup buddy: _____

Backup phone: _____

Which refuge area is closest & reachable for you: _____

Consent

I am providing this information voluntarily for emergency-planning purposes. I understand it will be kept confidential by the data steward and shared only with my road captain and buddy on a need-to-know basis, and that I may update or remove it at any time.

Signature

Date _____

Return to your road captain or the committee data steward. Stored securely; not posted or mass-emailed.