

Sample School District/School Staff Skills Survey

NAME:	ROOM:
Emergency Response: Please check any of the following areas in which you have training or expertise.	
<input type="checkbox"/> First Aid	<input type="checkbox"/> Search & Rescue
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Firefighting
<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> CPR
<input type="checkbox"/> Emergency Medical	<input type="checkbox"/> Media Relations
<input type="checkbox"/> Incident debriefing	<input type="checkbox"/> Other _____
Explain or clarify items checked, if necessary:	
Special Considerations: Please check and list special skills or resources you feel would be an asset in an emergency situation. Explain items checked:	
Multilingual, list languages (s):	Experience with disabilities:
Ham radio or CB radio experience:	Knowledge of community resources:
Other knowledge or skills:	Other knowledge or skills:
Check if you have a cell phone that could be used in an incident: <input type="checkbox"/>	
Check if you have a two-way radio that could be used in an incident. <input type="checkbox"/>	
School District/School Safety Committee Membership Each School District/School is to form a Safety Team to provide leadership and direction in the development of the School District/School All Hazards Plan. Please check here if you are interested in becoming a member of the School District's/School's Safety Committee: <input type="checkbox"/>	