Volunteer Skills & Assistance Questionnaire

For neighbours to complete and return privately to their local organizer

1 CONTACT & PARTICIPATION

Preferred name: _____

Address / block / area (optional): _____

Preferred contact method and details (optional): _____

☐ I can offer help ☐ I may need help ☐ Both ☐ I prefer to discuss privately

2 SKILLS OR HELP I COULD OFFER (CHECK ANY)

☐ First aid / CPR ☐ Repairs / trades ☐ Cooking / food ☐ Child or elder support ☐ Transportation

☐ Pet care ☐ Communications ☐ Organizing / check-ins ☐ Translation ☐ Other

Other skills or practical experience: _____

3 RESOURCES I MAY VOLUNTARILY MAKE AVAILABLE

☐ Tools / equipment ☐ Generator / charging ☐ Water / cooking ☐ Vehicle / bicycle ☐ Radio

☐ Temporary shelter ☐ Other ☐ None at present

Details or limits (optional): _____

4 AVAILABILITY & COMMUNICATION

☐ Weekdays ☐ Evenings ☐ Weekends ☐ Varies ☐ Only during an emergency

☐ Phone / text ☐ In-person check-in ☐ Radio ☐ Message relay ☐ Other

5 ASSISTANCE I MAY NEED (OPTIONAL)

☐ Mobility / evacuation ☐ Transport ☐ Communication / language ☐ Power-dependent equipment

☐ Wellness check-ins ☐ Other ☐ Prefer to discuss privately

Best way to discuss or arrange support (optional): _____

6 CONSENT & NOTES

[ ] I agree that my local organizer may use this information for neighbourhood preparedness and assistance.

Date: _____

Please do not include diagnoses, medication lists, passwords, or a full inventory of valuables.

You may leave fields blank or ask the organizer to correct or remove your information.