



GATES COUNTY EMERGENCY MANAGEMENT EMERGENCY DATA REGISTRY

If you need assistance OR if you can help during a disaster

Please complete this form and mail or e-mail to:

308 US 158 West
Gatesville, NC 27938
jsample@gatescountync.gov

Personal Information

First Name

Last Name

Date of Birth.

Home Address

City

E-mail

Cell Phone Number

Home Number

Emergency Contact(s)

First & Last Name

Phone Number

First & Last Name

Phone Number

**General
Medical
&
Special Needs**

Allergies

In Case of
Emergency
Will You?

- Stay At Home
- Evacuate to a Shelter
- Stay with Family or Others
- Evacuate Out of the Area

Required
Medical
Equipment

- Wheel Chair
- Walker
- Oxygen
- Nebulizer
- Sight Assistance Animal
- Other

I CAN HELP! In the event of an emergency, I would be willing to assist Emergency Management by:

- Give a neighbor(s) a ride
- Be on a clean up crew
- Assist with Food- Water- Ice
- Offer myself as an interpreter: Language

Special abilities or assets that you are willing to volunteer: