

**MARY, QUEEN OF PEACE
EMERGENCY INFORMATION FORM**

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

E-mail address: _____

People living in your home (include ages):

I have no transportation _____

I have special needs (explain) _____

I need assistance to get to a shelter _____

I can give assistance to bring someone to a shelter _____

I need help securing my home _____

I can help someone secure his/her home _____

I am willing to help in the aftermath of a storm by:

Clearing debris _____

Providing transportation _____

Providing housing _____

Other (explain) _____