



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
bwinn@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: