



Akron / Newstead E/M



**SHELTER TEAM MEMBER SKILLS INVENTORY FORM**

<b>Name:</b>	<b>Basic Cert Course Certification</b>
<b>Address:</b>	<b>Date:</b>
<b>Home Phone #</b>	<b>Basic Cert Course Expiration</b>
<b>Cell Phone #</b>	<b>Date:</b>
<b>Occupation:</b>	<b>CPR/AED Certification</b>
<b>Emergency Medical Skills:</b>	<b>Date:</b>
<b>Firefighting Skills:</b>	<b>Email:</b>
<b>Incident Command System:</b>	
<b>Survival Skills:</b>	
<b>Search &amp; Rescue Skills:</b>	
<b>Disaster Psychology Skills:</b>	
<b>Communication Skills:</b>	
<b>Miscellaneous Crisis Management Skills:</b>	
<b>Administrative Skills:</b>	
<b>Additional Occupational Skills:</b>	

4-Wheel Drive Vehicle Yes \_\_\_\_\_ No \_\_\_\_\_  
 Snowmobile Yes \_\_\_\_\_ No \_\_\_\_\_