# Community Disaster Resilience Planning Guide Resources

# Community Profile Template

### Community Profile Template

This is a template to help you collect and document your findings as you build your Community Profile. Various tables and other means of displaying information are provided for your use, but you should feel free to adapt the format to suit you and your community's needs.

#### History

| The first recorded history of our community is in:                   |
|--|
| At that time, our community was based on:                            |
|  |
|  |
| Since then, our community has faced a number of challenges:          |
|  |
|  |
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|  |
| Since then, our community has also taken a number of positive steps: |
|  |
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| _     |  |
|-------|--|
| Today | y, we would describe our community as a community where:                           |
|       | The economy is thriving  |
|       | The economy is keeping its own   |
|       | The economy is struggling  |
|       | Most young people stay in the community  |
|       | Most young people leave the community but eventually return                        |
|       | Most young people leave and don't return to the community to live                  |
|       | Most people volunteer for one or more organizations                                |
|       | Some people volunteer for one or more organizations                                |
|       | Few people volunteer for one or more organizations                                 |
|       | Newcomers feel welcome   |
|       | Newcomers are accepted but not necessarily made to feel welcome                    |
|       | Newcomers feel unaccepted  |
|       | Everyone knows everyone – people talk to each other                                |
|       | Most people know most of the other residents – people generally talk to each other |
|       | People tend to stick to themselves and don't communicate much                      |
|       | People are very accepting of new ideas   |
|       | The predominant language spoken in our community is                                |
|       | People are reluctant to hear new ideas   |
| Othe  | er comments:   |
| Othic | a comments.  |
|       |  |
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**CDRP** Resources

# **Population**

Some of the key population data for our community is:

#### Age

|                | Males | Females | Totals |
|----------------|-------|---------|--------|
| Children 0-4   |       |         |        |
| Children 5-9   |       |         |        |
| Children 10-14 |       |         |        |
| Children 15-19 |       |         |        |
| Adults 20-29   |       |         |        |
| Adults 30-64   |       |         |        |
| Seniors 65- 74 |       |         |        |
| Seniors 75-84  |       |         |        |
| Seniors 84+    |       |         |        |
| Totals         |       |         |        |

# Vulnerable Population

This area is crucial for support requirements during community emergency evacuations.

| <b>Health Concerns</b> | Males | Females | Totals |
|------------------------|-------|---------|--------|
| Ambulatory             |       |         |        |
| Respiratory Issues     |       |         |        |
| Special Needs          |       |         |        |
|                        |       |         |        |
|                        |       |         |        |
|                        |       |         |        |
|                        |       |         |        |
|                        |       |         |        |
|                        |       |         |        |
| Totals                 |       |         |        |

Note: Please add applicable health concerns as needed to chart.

#### Number of Households

|                | # |              | % |
|----------------|---|--------------|---|
| One Person     |   | Owned        |   |
| Two Persons    |   | Rented       |   |
| Three Persons  |   | Band Housing |   |
| Four Persons + |   | Subsidized   |   |
| Totals         |   |              |   |

#### **Marital Status**

|           | # | % |
|-----------|---|---|
| Single    |   |   |
| Married   |   |   |
| Separated |   |   |
| Divorced+ |   |   |
| Widowed   |   |   |
| Totals    |   |   |

#### **Families**

|   | # | % |
|---|---|---|
| Husband-Wife Married Without Children at Home |   |   |
| Husband-Wife Married With Children at Home    |   |   |
| Common-Law Couples Without Children at Home   |   |   |
| Common-Law Couples With Children at Home      |   |   |
| Single Parent Families Male Parent            |   |   |
| Single Parent Families Female Parent          |   |   |
| Totals  |   |   |

# Indigenous Identity

| Indigenous Identity | # | % | From a different Nation or community |
|---------------------|---|---|--------------------------------------|
|                     |   |   |                                      |
| Metis               |   |   |                                      |
| Inuit               |   |   |                                      |
| First Nations       |   |   |                                      |
| Non Indigenous      |   |   |                                      |

# Traditional Language

|  | # | % |
|--|---|---|
| Non-English Languages                              |   |   |
| List of Languages – How many Languages are in your |   |   |
| community  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |

# Labour Force Activity

|  | # | % |
|--|---|---|
| Employed                                 |   |   |
| Unemployed                               |   |   |
| Not in Labour Force                      |   |   |
| Common-Law Couples With Children at Home |   |   |
| Social Assistance                        |   |   |
| Unemployment Rate                        |   |   |
| Totals                                   |   |   |

#### Minorities

|                    | # | % |
|--------------------|---|---|
| Minority           |   |   |
| List of Minorities |   |   |
|                    |   |   |
|                    |   |   |

# Occupations

|  | # | % |
|--|---|---|
| Sales & Service  |   |   |
| Business, Finance & Administration                       |   |   |
| Unique to Primary Industry                               |   |   |
| Trades, Transport & Equipment Operations & Related       |   |   |
| Natural & Applied Sciences & Related                     |   |   |
| Management   |   |   |
| Social science, Education, Government Service & Religion |   |   |
| Art, Culture, Recreation & Sport                         |   |   |
| Health Occupation  |   |   |
| Unique to Processing, Manufacturing & Utilities          |   |   |
| Totals   |   |   |

# Highest Level of Education

|                                   | # | % |
|-----------------------------------|---|---|
| No Certificate, Diploma or Degree |   |   |
| High School or Equivalent         |   |   |
| Apprenticeship/Trades             |   |   |
| College, CEGEP or Other           |   |   |
| University, No Degree             |   |   |
| University, Bachelor's or Higher  |   |   |
| Totals                            |   |   |

#### Prevalence of Low Income

| # | BC |
|---|----|
|   |    |
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|   | #  |

#### Residency

|                      | # | % |
|----------------------|---|---|
| Non-Movers           |   |   |
| Moved in Last Year   |   |   |
| From other Provinces |   |   |
| From Outside Canada  |   |   |
| Totals               |   |   |

#### **Total Income**

|                          | # | BC |
|--------------------------|---|----|
| Median Total Income      |   |    |
| Males, 15+ with Income   |   |    |
| Females, 15+ with Income |   |    |
| Males 15+ with Income    |   |    |
| Under \$10,000           |   |    |
| \$10,000-29,999          |   |    |
| \$30,000-\$39,999        |   |    |
| \$40,000-\$59,999        |   |    |
| \$60,000 and over        |   |    |
| Average Total Income     |   |    |
| Females 15+ with Income  |   |    |
| Under \$10,000           |   |    |
| \$10,000-29,999          |   |    |
| \$30,000-\$39,999        |   |    |
| \$40,000-\$59,999        |   |    |
| \$60,000 and over        |   |    |
| Average Total Income     |   |    |

#### Workplace & Transportation

|  | # | % |
|--|---|---|
| Car/Truck/Van as Driver                    |   |   |
| Car/Truck/Van as Passenger                 |   |   |
| Walked                                     |   |   |
| Bicycle                                    |   |   |
| Motorcycle                                 |   |   |
| Taxicab                                    |   |   |
| ATV  |   |   |
| Snow Mobile                                |   |   |
| Traditional Methods – Dog Sleds, Horseback |   |   |
| Canoes/Boats, Air                          |   |   |
| Totals                                     |   |   |

<sup>\*\*</sup>Note that in some cases the "official" census information may not be totally accurate and some remotely located residents may have been missed. If that is the case in your community try to capture those not counted in the census.

# **Businesses and Services**

#### **Community Businesses**

Over 100 businesses have been located in small, rural communities and this list is likely similar in Indigenous communities. Review all of these services and identify any businesses that may provide these services in your community.

|                                     | I                             | I                           |
|-------------------------------------|-------------------------------|-----------------------------|
|                                     |                               |                             |
| Airport & Aircraft Services         | Food & Wine                   |                             |
| Architect                           | Forestry & Logging            | Pharmacy & Medical Supplies |
| Art & Crafts                        | Funeral Services              | Photography                 |
| Attractions                         | Furnace & Related             | Plumbing                    |
| Automotive & Related                | Garden & Nursery              | Printing & Photocopying     |
| Bed & Breakfast                     | Gas Station                   | Pub                         |
| Boating , Kayaking , Rafting &      | General Store                 | Real Estate                 |
| Canoeing                            | Golf Club                     | Rentals                     |
| Bookkeeping & Financial             | Gravel                        | Repairs                     |
| Services                            | Groceries                     | Resort                      |
| Bakery                              | Hair Salon                    | Restaurant                  |
| Books                               | Hardware                      | Sawmill                     |
| Butcher & Meat Cutting              | Health Centre                 | Seniors' Services           |
| Cabling                             | Health Services – Nutrition,  | Septic Tank Services        |
| Camera                              | Naturopath,                   | Signage                     |
| Camping                             | Heating Fuel                  | Skiing & Related            |
| Car Rentals                         | Hiking                        | Snowmobile & Related        |
| Carvers                             | Historical & Cultural         | Sports & Related            |
| Casino                              | Home Inspections              | Stationary                  |
| Catering                            | Home Renovations &            | Surveyors                   |
| Clothing                            | DecoratingHotel, Motel        | Television, Radio           |
| Communication – Cell                | Housewares                    | Theatre & Performing Arts   |
| Phones, Phones                      | Hunting Outfitters            | Therapists – Massage,       |
| Computer & Related                  | Hunting Services              | Physiotherapist             |
| Construction - Building             | Landscaping                   | Tires                       |
| Construction - Home                 | Laundromat                    | Tobacco                     |
| Construction – Road                 | Lawyer, Notary                | Tourism Bookings            |
| Consulting Services                 | Liquor Store                  | Towing                      |
| Counselling & Psychology            | Marinas                       | Training                    |
| Cultural Experiences                | Market                        | Transportation              |
| Cycling Services                    | Medical Clinic                | Trucking                    |
| Dancing Lessons                     | Mini-Golf                     | Vehicle Repairs             |
| Daycare                             | Movies                        | Vehicle Sales               |
| Dental Services                     | Museum                        | Veterinarian                |
| Drywall                             | Musical Instruments           | Video Rental                |
| Electrical                          | Musical Lessons               | Water Supplies              |
| Engineering                         | Nails                         | Weddings & Banquets         |
| Farming & Ranching                  | 1 101110                      | Wildlife Watching           |
| Fishing & Ranching Fishing & Guides | Newspaper                     | Wood Products               |
|                                     | Nursing & Homecare            | WOOD Products               |
| Fishing Charters                    | Pawn Shop Pets & Pet Services |                             |
|                                     | reis a rei seivices           | <u> </u>                    |

Use this table to list existing businesses.

| Type of Business | Name of Business | # of Employees | Location |
|------------------|------------------|----------------|----------|
|                  |                  |                |          |
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|                  |                  |                |          |
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|                  |                  |                |          |

# **Economic Development and Economic Sectors**

| Within your community boundaries, reserve lands, or traditional territory do you have |
|---|
| Significant Crop Production (farms)   |
| Yes Don't Know  |
| If yes, where are they? (these areas should also be included on your Community Map)   |
| Significant Farming (e.g., Dairy)  Yes Don't Know                                     |
|   |
| If yes, where are they? (these areas should also be included on your Community Map)   |
| Significant Ranching  Yes Don't Know  |
| Yes Don't Know  |
| If yes, where are they? (these areas should also be included on your Community Map)   |
| Significant Logging   |
| Yes Don't Know  |
| If yes, where are they? (these areas should also be included on your Community Map)   |
| Significant Forest Industry (e.g., Mill)  |
| ☐ Yes ☐ No ☐ Don't Know   |
| If yes, where are they? (these areas should also be included on your Community Map)   |
| Significant Mining  |
| ☐ Yes ☐ No ☐ Don't Know   |
| If yes, where are they? (these areas should also be included on your Community Map)   |
| Significant Oil and/or Gas Exploration/Development                                    |
| Yes Don't Know  |
| If yes, where are they? (these areas should also be included on your Community Map)   |
| Significant Fishing   |

| Yes                                  | ☐ No                                     | ☐ Don't Know  |
|--------------------------------------|--|---|
| If yes, where a                      | re they? (these a                        | areas should also be included on your Community Map)                      |
| Significant Far                      | m Fishing                                | ☐ Don't Know  |
| If yes, where a                      | re they? (these a                        | areas should also be included on your Community Map)                      |
| Significant Tra                      | pping                                    | ☐ Don't Know  |
| If yes, where a                      | re they? (these a                        | areas should also be included on your Community Map)                      |
| Yes                                  | vesting of Wildlif No re they? (these a  | e Don't Know areas should also be included on your Community Map)         |
| Yes                                  | vincial/Territorial No re they? (these a | Presence Don't Know  areas should also be included on your Community Map) |
| Significant Tou Yes  If yes, where a | ☐ No                                     | Don't Know areas should also be included on your Community Map)           |
| If yes, is tourism  Summer           | m seasonal?                              | ☐ All Year ☐ Event-Based  |
| Significant Oth                      | er Economic Act                          | ivity   |

| If yes, where are they? ( | these areas should also | be included on your Co | mmunity Map) |
|---------------------------|-------------------------|------------------------|--------------|
|                           |                         |                        |              |

# Community & Recreational Services

These are some services that may be offered by your community. Key sites should be included on your community map.

| Type of Service    | Location | Activity / Hours of Operations |
|--------------------|----------|--------------------------------|
| Cemetery           |          |                                |
| Community Centre   |          |                                |
| Recreation Centre  |          |                                |
| Curling            |          |                                |
| Garbage Collection |          |                                |
| Golf Club          |          |                                |
| Ice Rink & Skating |          |                                |
| Library            |          |                                |
| Local Park         |          |                                |
| Playing Fields     |          |                                |
| Road Services      |          |                                |
| Swimming           |          |                                |
| Walking and Hiking |          |                                |
| Trails             |          |                                |
| Youth/Elder/Senior |          |                                |
| Centers            |          |                                |

#### **Financial Services**

Financial services are involved with providing cash, lending, and borrowing services. Use this form to list existing financial services/businesses.

| Type of Service | Name of Business | Distance from Community | Location |
|-----------------|------------------|-------------------------|----------|
| Bank            |                  |                         |          |
| Credit Union    |                  |                         |          |
| ATM             |                  |                         |          |

# **Government Services**

Here are some of the more common government services for you to consider.

| Type of Service        | Nearest Location | Distance from Community | Hours of Operations |
|------------------------|------------------|-------------------------|---------------------|
| Child Welfare          |                  |                         |                     |
| Court Services         |                  |                         |                     |
| Employment Services    |                  |                         |                     |
| Family Services        |                  |                         |                     |
| Health Care Centres    |                  |                         |                     |
| Passport & Immigration |                  |                         |                     |
| Services               |                  |                         |                     |
| Probation Services     |                  |                         |                     |
| Services for the       |                  |                         |                     |
| Disabled               |                  |                         |                     |
| Post Office            |                  |                         |                     |
| Other                  |                  |                         |                     |

#### **Health Services**

These are some of the more commonly used health services – list other services that your community uses frequently. Local services should be included on your Community Map.

| Type of Service        | Nearest Location | Distance from Community | Hours of Operations |
|------------------------|------------------|-------------------------|---------------------|
| Acute Care             |                  |                         |                     |
| Addiction Services     |                  |                         |                     |
| Mental Health Services |                  |                         |                     |
| CT Scan                |                  |                         |                     |
| Dental Services        |                  |                         |                     |
| Doctor (Family)        |                  |                         |                     |
| Doctor (Specialist)    |                  |                         |                     |
| Doctors (Specialists)  |                  |                         |                     |
| Emergency Medical      |                  |                         |                     |
| First Aid              |                  |                         |                     |
| Geriatric Care         |                  |                         |                     |
| Home Care              |                  |                         |                     |
| Immunizations          |                  |                         |                     |
| Kidney Dialysis        |                  |                         |                     |
| Medical Clinic         |                  |                         |                     |
| Mid-wife or Birthing   |                  |                         |                     |
| Services               |                  |                         |                     |
| MRI                    |                  |                         |                     |
| Occupational Therapy   |                  |                         |                     |
| Palliative Care        |                  |                         |                     |
| Physiotherapy          |                  |                         |                     |
| X-Ray Lab              |                  |                         |                     |
| Other                  |                  |                         |                     |

#### **Educational Services**

The following list is to identify educational services in the community – these should be included on your community map.

| Type of Business     | Name of Facility | Nearest Location | Distance from Community | Numbers |
|----------------------|------------------|------------------|-------------------------|---------|
| Pre-School/Headstart |                  |                  |                         |         |
| Kindergarten         |                  |                  |                         |         |
| Elementary School    |                  |                  |                         |         |
| Middle School        |                  |                  |                         |         |
| High School          |                  |                  |                         |         |
| Training or          |                  |                  |                         |         |
| Business School      |                  |                  |                         |         |
| College              |                  |                  |                         |         |

# Geography and Land Use

| Within your community boundaries do you have:   |
|---|
| Steep slopes with unstable soils  |
| Yes Don't Know  |
| If yes, where are they? (these areas should also be included on your Community Map)                               |
| A river or stream  Yes Don't Know   |
| If yes, where are they? (these areas should also be included on your Community Map)                               |
| Have the flood plains been identified?  Yes Don't Know  |
| If yes, where are they? (these areas should also be included on your Community Map)                               |
| Homes or businesses next to, or surrounded by, forests?  Yes Don't Know   |
| If yes, where are these forested areas? (these areas should also be included on your Community Map)               |
| Soils subject to liquefaction in an earthquake?  Yes Don't Know   |
| If yes, where are they? (these areas should also be included on your Community Map)                               |
| Earthquake fault lines?  Yes Don't Know   |
| If yes, where are they? (these areas should also be included on your Community Map)                               |
| Is your community subject to extreme weather, blizzards, white-outs, tornados or damaging winds?  Yes  Don't Know |

| ir yes, where are those r                            | outes? (these routes should also be included on your Community Map)    |
|--|--|
| Do hazardous materials  Yes No                       | travel through your community?  Don't Know                             |
| If yes, where are those r                            | outes? (these routes should also be included on your Community Map)    |
| Has there been any eros eroding shorelines)?  Yes No | sion of soils around waterways or waterfront in your community? (e.g., |
| If yes, where are those r                            | outes? (these routes should also be included on your Community Map)    |
| Has there been any eroseroding shorelines)?  Yes No  | sion of soils around waterways or waterfront in your community? (e.g., |

# Vegetation and Wildlife

| Have you notic community?      | ed any changes   | s to the vegetation, insects or wildlife in or surrounding your               |
|--------------------------------|------------------|---|
| Yes                            | ☐ No             | ☐ Don't Know  |
| Has there beer                 | n an increase or | decrease in the number of trees?  |
| ☐ Yes                          | □ No             | ☐ Don't Know  |
| If yes, what has your Communit |                  | where are these areas? (these areas should also be included on                |
|                                |                  | decrease in the vegetation?   |
| ☐ Yes                          | □ No             | ☐ Don't Know  |
| If yes, what has your Communit |                  | where are these areas? (these areas should also be included on                |
| Has there been Yes             | n an increase or | decrease in the number or types of birds? (e.g., eagles)  Don't Know          |
| If yes, what has your Communit |                  | where are these areas? (these areas should also be included on                |
| Has there beer bears)          | n an increase or | decrease in the number or types of wildlife? (e.g., deer, moose,              |
| Yes                            | ☐ No             | Don't Know  |
| If yes, what has your Communit |                  | where are these areas? (these areas should also be included on                |
| Has there been                 | n an increase or | decrease in the number or size of fresh water fish? (e.g., trout)  Don't Know |

| your Community Map)  |
|--|
|  |
| Has there been an increase or decrease in the number or size of salt water fish? (e.g., salmon)  Yes  Don't Know   |
| If yes, what has changed and where are these areas? (these areas should also be included on your Community Map)  |
| Has there been an increase or decrease in the number or size of shellfish? (e.g., oysters, shrimp)  Yes  Don't Know  |
| If yes, what has changed and where are these areas? (these areas should also be included on your Community Map)  |
| Has there been an increase or decrease in the number of bees?  Yes  Don't Know   |
| If yes, what has changed and where are these areas? (these areas should also be included on your Community Map)  |
| Has there been an increase or decrease in the number of insects, birds, fish and/ or wildlife impacted by contamination?  Yes  Don't Know                  |
| If yes, where are they? (these areas should also be included on your Community Map)  |
| Has there been an increase or decrease in the vegetation, plants, moss, grasses, and trees being affected by contaminants and/or insects?  Yes  Don't Know |
| If yes, where are they? (these areas should also be included on your Community Map)  |

# Climate

This section is for you record the average temperatures and rainfall in your community.

| January February March April May June July August September October November December  Have maximum temperatures been recorded in the last three years?  Yes No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three   |                                     |                                     |                       |
|---|-------------------------------------|-------------------------------------|-----------------------|
| January February March April May June July August September October November December  Have maximum temperatures been recorded in the last three years? Yes No Details:  Have minimum temperatures been recorded in the last three years? No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  No | Month                               | Average Temperature                 | Average Precipitation |
| February March April May June July August September October November December  dave maximum temperatures been recorded in the last three years? Yes No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No   | January                             |                                     | ·                     |
| April May June July August September October November December  dave maximum temperatures been recorded in the last three years? Yes No Details:  Have minimum temperatures been recorded in the last three years? No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No  | February                            |                                     |                       |
| May June July August September October November December  dave maximum temperatures been recorded in the last three years? Yes No Details:  Have minimum temperatures been recorded in the last three years? No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No  | March                               |                                     |                       |
| June July August September October November December  Have maximum temperatures been recorded in the last three years? Yes No Details:  Have minimum temperatures been recorded in the last three years? No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No             | April                               |                                     |                       |
| July August September October November December  Have maximum temperatures been recorded in the last three years?  Yes No Details:  Have minimum temperatures been recorded in the last three years?  Yes No Details:  Yes No No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No   | May                                 |                                     |                       |
| August September October November December  Have maximum temperatures been recorded in the last three years? Yes No Details:  Have minimum temperatures been recorded in the last three years? No Details:  Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No             | June                                |                                     |                       |
| September October November December  Have maximum temperatures been recorded in the last three years?  Have minimum temperatures been recorded in the last three years?  Yes No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No Details:   | July                                |                                     |                       |
| October November December  Have maximum temperatures been recorded in the last three years? Yes No Details:  Have minimum temperatures been recorded in the last three years? Yes No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No                                    | August                              |                                     |                       |
| November December  Have maximum temperatures been recorded in the last three years? Yes No Details:  Have minimum temperatures been recorded in the last three years? Yes No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No   | September                           |                                     |                       |
| December  Have maximum temperatures been recorded in the last three years? Yes No Details:  Have minimum temperatures been recorded in the last three years? Yes No Details:  Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three years?  Yes No  | October                             |                                     |                       |
| Have maximum temperatures been recorded in the last three years?  Yes No Details:  Have minimum temperatures been recorded in the last three years?  Yes No Details:  Yes No No Details:  Yes No No No Details:  Yes No N   | November                            |                                     |                       |
| Details:  | December                            |                                     |                       |
| Have blizzards, whiteouts, and tornados or damaging winds been recorded in the last three rears?  | Have minimum temperatu              | res been recorded in the last three | years? Yes No         |
| rears?  | Details:                            |                                     |                       |
| rears?  |                                     |                                     |                       |
| Details:  | Have blizzards, whiteouts<br>years? | s, and tornados or damaging winds   |                       |
|   | Details:                            |                                     |                       |
|   |                                     |                                     |                       |

on

# **Community Infrastructure**

Answer the questions that are included for each of these sections.

| Communication and Information Technology (IT)   |
|---|
| Are there any communication towers in or nearby to your community?  Yes  Don't Know                                       |
| If yes, where are they? (these towers should also be included on your Community Map)                                      |
| Where are the main phone trunk lines to your community? (these sites should also be included your Community Map)          |
| Does your community have high-speed internet?  Yes Don't Know   |
| If yes, where are the main internet cables to your community? (these areas should also be included on your Community Map) |
| Does your community have a mobile satellite connection?  Yes Don't Know   |
| If yes, where is the equipment located?   |
| Does your community have cell phone coverage?  Yes Don't Know   |
| If yes, what area is covered? (i.e. is the entire community covered, are there dead zones?)                               |
| Does your community have a community radio station?  Yes Don't Know  If yes, where is the broadcasting located?           |
| If yes, how is the station accessed?  |

| Does your community ever lose communication with the outside world?  Yes Don't Know   |
|---|
| If yes, how widespread is the coverage in your community?   |
| Does your community have television coverage?  Yes Don't Know   |
| If yes, is television by antennae, cable or satellite?  |
| If yes, how widespread is the coverage in your community?   |
| Is your community infrastructure insured?  Yes Don't Know   |
| Does your community have an up-to-date inventory of its infrastructure, which identifies age, condition, remaining years of service, required repairs etc.  Yes  Don't Know |
| Electricity   |
| Where are the main hydro lines to your community? (these sites should also be included on your community Map)   |
| Does your community have a local power generating station?  Yes Don't Know  |
| If yes, where is it located in your community? (this site should also be included on your Community Map)  |
|   |
| Is there a hydro producing dam near your community?  Yes Don't Know   |
| If yes, where is it located in your community? (this site should also be included on your Community Map)  |
| Does your community have a generator?   |

| Yes                              | ☐ No                                | Don't Know  |
|----------------------------------|-------------------------------------|---|
| If yes, where is<br>Community Ma |                                     | ur community? (this site should also be included on your                    |
| Do the main bu                   | uildings in your c                  | community have generators for back-up in case of a power outage?            |
| If yes, where a                  | re they? (these a                   | areas should also be included on your Community Map)                        |
| Do the main buoutage?  Yes       | uildings in your c                  | community have an alternate source of heat in case of a power               |
| If yes, where a                  | re they? (these a                   | areas should also be included on your Community Map)                        |
|                                  | nmunity experier<br>ea of the commu | nce power outages? Are they documented? (length of time, unity)  Don't Know |
|                                  | e local deal with sit documented?   | power outages, or is it necessary for someone to travel to the  Don't Know  |
| Does your com                    | nmunity use sola                    | or energy?  Don't Know  |
| If yes, where is<br>Community Ma |                                     | ur community? (this site should also be included on your                    |
| Yes                              | nmunity use wind                    | Don't Know  |
| If yes, where is<br>Community Ma |                                     | ur community? (this site should also be included on your                    |

| Please list other sources of energy your community may utilize (example –wood burning power generation)                            |
|--|
| Water  |
| Does your community have clean drinking water?  Yes Don't Know   |
| If not, what is the cause?   |
| How often is the water condition checked?  |
| Does your community have a distributed water system?  Yes Don't Know   |
| If potable water is delivered by truck, how often are water samples taken?   |
| Is the water truck stored separate from the garbage and sewage trucks? Are measures taken tensure there is no cross-contamination? |
| Does your community have a water treatment plant, with certified operators?  Yes Don't Know  |
| If yes, where is it located in your community? (This site should also be included on your Community Map)                           |
| Has the water systems gone dry in years past? Is it annually having problems??  Yes  Don't Know                                    |
| Does turbidity at certain times of the year cause boil water advisories? If so, how long do they usually last?                     |
| Has the water system been unusual during emergency events, flooding?  Yes Don't Know   |
| Is your community dependent on individual wells?  Yes No Don't Know  |

| Does your community have shared wells?   |                     |
|--|---------------------|
| Yes Don't Know   |                     |
| If yes, where are located in your community? (these sites should also be i Community Map)    | ncluded on your     |
| Are there polluted waterways or lakes?  Yes Don't Know                                       |                     |
| If yes, where are they located in your community? (these sites should also Community Map)    | be included on your |
| Is there a dam near your community?  |                     |
| Yes Don't Know   |                     |
| If yes, where is it located in your community? (this site should also be incl Community Map) | uded on your        |
| Sewage   |                     |
| Does your community have a sewage system?  |                     |
| Yes Don't Know   |                     |
| If yes, does your community have a sewage treatment plant?                                   |                     |
| Yes Don't Know   |                     |
| If yes, where is it located in your community? (this site should also be incl Community Map) | uded on your        |
| Does your community have a sewage lagoon?  |                     |
| Yes Don't Know   |                     |
| If yes, who maintains it and is maintenance logged?  |                     |
| If yes, does your community have a sewage outflow pipe or discharge sys                      | stem?               |
| Yes Don't Know   |                     |
| If yes, where is it located? (this site should also be included on your Comr                 | nunity Map)         |

| Is your community dependent on septic tanks?   |
|--|
| Yes Don't Know   |
| Do you know where the septic tank waste is dumped?   |
| Yes Don't Know   |
| If yes, where is it located? (this site should also be included on your Community Map)   |
| During emergency events or local disasters has the sewage treatment system known to fail or cross contaminate with drinking water system?  Yes  Don't Know |
| Landfill   |
| Does your community have a nearby landfill site? If yes, who maintains it?  Yes Don't Know   |
| If yes, where is it located in your community? (this site should also be included on your Community Map)   |
| If yes, are hazardous materials dumped in the landfill? If yes are there procedures in place – who maintains the landfill?                                 |
| Yes Don't Know   |
| If no, where is your community's garbage dumped?   |
| Are private companies using community lands for dumping commercial waste?  |
| Does your community have a recycling program?  |
| Yes Don't Know   |
| If yes, where is the recycling plant located in your community? (this site should also be included on your Community Map)                                  |

#### Gas & Oil

| Do you have a gas or oil pipeline running through or nearby your community?  |    |
|--|----|
| Yes Don't Know   |    |
| If yes, where is it located? (this pipeline should also be included on your Community Map)                             |    |
| Where are the main pipe connections to your community? (this connection should also be included on your Community Map) |    |
| Does your community have any oil or gas drilling nearby?  Yes Don't Know   |    |
| If yes, where is it located? (this site should also be included on your Community Map)                                 |    |
| Are there gas stations, oil and gas bulk storage tanks located in or around your community?  Yes Don't Know            |    |
| If yes, where is it located? (this site should also be included on your Community Map)                                 |    |
| Transportation   |    |
| Is your community linked to the outside by road? If yes, is it available year-round or seasona  Yes Don't Know         | ۱? |
| If yes, where are they? (these areas should also be included on your Community Map)                                    |    |
| Does your community have a major highway nearby?  Yes Don't Know   |    |
| If yes, where is it located? (major roadways should also be included on your Community Map                             | )  |
| If yes, are hazardous materials transported on this road?  Yes Don't Know  |    |
| Is your community's access frequently blocked due to weather or other conditions?  Yes Don't Know                      |    |
| If yes, how often and why?   |    |
|  |    |

| Yes  |
|--|
| Is there an alternate landing strip in the event of fire?  Yes   |
| Yes       No       □ Don't Know         If yes, where are they? (these areas should also be included on your Community Map)         Does your community have a dock or marina nearby?       □ Yes       □ No       □ Don't Know         If yes, where is it located? (this site should also be included on your Community Map)         Does your community have train tracks nearby?       □ Yes       □ No       □ Don't Know         If yes, where are they located? (the railway should also be included on your Community Map         If yes, are hazardous materials transported on this track?       □ Yes       □ No       □ Don't Know         If yes, is there a train station in town? |
| If yes, where are they? (these areas should also be included on your Community Map)  Does your community have a dock or marina nearby?  Yes No Don't Know  If yes, where is it located? (this site should also be included on your Community Map)  Does your community have train tracks nearby?  Yes No Don't Know  If yes, where are they located? (the railway should also be included on your Community Map  If yes, are hazardous materials transported on this track?  Yes No Don't Know  If yes, is there a train station in town?  |
| Does your community have a dock or marina nearby?  Yes   |
| Yes No Don't Know  If yes, where is it located? (this site should also be included on your Community Map)  Does your community have train tracks nearby?  Yes No Don't Know  If yes, where are they located? (the railway should also be included on your Community Map)  If yes, are hazardous materials transported on this track?  Yes No Don't Know  If yes, is there a train station in town?   |
| If yes, where is it located? (this site should also be included on your Community Map)  Does your community have train tracks nearby?  Yes No Don't Know  If yes, where are they located? (the railway should also be included on your Community Map  If yes, are hazardous materials transported on this track?  Yes No Don't Know  If yes, is there a train station in town?   |
| Does your community have train tracks nearby?  Yes   |
| Yes No Don't Know  If yes, where are they located? (the railway should also be included on your Community Map  If yes, are hazardous materials transported on this track?  Yes No Don't Know  If yes, is there a train station in town?  |
| If yes, where are they located? (the railway should also be included on your Community Map  If yes, are hazardous materials transported on this track?  Yes  Don't Know  If yes, is there a train station in town?   |
| If yes, are hazardous materials transported on this track?  Yes Don't Know  If yes, is there a train station in town?  |
| Yes Don't Know  If yes, is there a train station in town?  |
| If yes, is there a train station in town?  |
|  |
| Yes Don't Know   |
|  |
| If yes, where is it located? (the station should also be included on your Community Map)   |
| Does your community have a bus station?  |
| Yes Don't Know   |
| If yes, where is it located? (this site should also be included on your Community Map)   |
| What other modes of transportation does your community use?  |

#### Food

| ls food delivered to y         | our community?   | ?                               |                |                |                     |
|--------------------------------|------------------|---------------------------------|----------------|----------------|---------------------|
| Yes I                          | No 🔲             | Don't Know                      |                |                |                     |
| If yes, how is it delive       | ered?            |                                 |                |                |                     |
| Does your communit             | y have a grocer  | y store?                        |                |                |                     |
| Do you know how m              | _                | d to meet comm<br>Don't Know    | unity needs o  | exist at any o | ne time?            |
| If yes, how many day           | ys?              |                                 |                |                |                     |
| Do you know if the fo          |                  | ery is frequently<br>Don't Know | affected?      |                |                     |
| If yes, how often? A           | nd reason for de | elay?                           |                |                |                     |
| Does your communit             |                  | onal food suppli<br>Don't Know  | ies for memb   | ership?        |                     |
| List the types of food         | ls?<br>          |                                 |                |                |                     |
|                                |                  |                                 |                |                |                     |
| Will these food supp<br>weeks? | lies support com | munity membe                    | rship for long | durations, w   | inter or only a fev |
| How are these foods            | stored??         |                                 |                |                |                     |
| Smoked                         | Yes              | ☐ No                            |                |                |                     |
| Canned or Jarred               | ☐ Yes            | ☐ No                            |                |                |                     |
| Frozen                         | Yes              | ☐ No                            |                |                |                     |
| Dried                          | Yes              | ☐ No                            |                |                |                     |

# Community-Based Organizations (CBOs) And Events

As you read through each of these types of CBOs, list below any organizations or associations that may fit within that type of CBO.

| Addiction and Recovery     | Education Groups          | Mentoring Groups             |
|----------------------------|---------------------------|------------------------------|
| Groups                     | Elder Groups              | Neighbourhood Improvement    |
| Advisory Community Support | Environmental Groups      | Political Groups             |
| Groups                     | Family Based Groups       | Recreational & Sports Groups |
| Animal Care Groups         | Faith Based Groups        | Senior Groups                |
| Anti-Crime Groups          | Health Based Groups       | Service Groups               |
| Block Building Groups      | Historical Groups         | Social Groups                |
| Business Groups            | Hobby Groups              | Social Cause and Advocacy    |
| Charitable Groups and      | Men's Groups              | Groups                       |
| Charitable Drives          | Mutual Support Groups     | Unions                       |
| Civic Event Groups         | Cubs, Scouts, Girl Guides | Veterans Groups              |
| Cultural Groups            | Rangers                   | Women Groups                 |
| Disability Groups          | Royal Canadian Legion     | Youth Groups                 |
|                            | Park Wardens              |                              |
|                            |                           |                              |

| Type of CBO | Name of CBO | # of Members | Location & Meeting Time |
|-------------|-------------|--------------|-------------------------|
|             |             |              |                         |
|             |             |              |                         |
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|             |             |              |                         |
|             |             |              |                         |
|             |             |              |                         |

#### **Community Events**

Community events may revolve around seasons (e.g., Harvest Festival); around holidays or special days; around art or cultural events (e.g., music festival, powwows); or sporting events. List any community events that take place in your community.

| Name of Event | Primary Purpose   | Organizers | Location & Date | Numbers |
|---------------|---|------------|-----------------|---------|
|               | ☐ For Residents ☐ For Residents & Visitors ☐ For Visitors |            |                 |         |
|               | ☐ For Residents ☐ For Residents & Visitors ☐ For Visitors |            |                 |         |
|               | ☐ For Residents ☐ For Residents & Visitors ☐ For Visitors |            |                 |         |
|               | ☐ For Residents ☐ For Residents & Visitors ☐ For Visitors |            |                 |         |
|               | ☐ For Residents ☐ For Residents & Visitors ☐ For Visitors |            |                 |         |
|               | ☐ For Residents ☐ For Residents & Visitors ☐ For Visitors |            |                 |         |

# Capacity Inventory Summary

Use this form to total up the numbers you receive from residents completing the Capacity Inventory.

| Capacity  | #s | Additional Items |
|---|----|------------------|
| Health  |    |                  |
| Caring for the elderly  |    |                  |
| Caring for the mentally ill                                   |    |                  |
| Caring for the sick   |    |                  |
| Caring for the physically disabled or developmentally delayed |    |                  |
| Bathing   |    |                  |
| Feeding   |    |                  |
| Preparing special diets                                       |    |                  |
| Exercising and escorting                                      |    |                  |
| Grooming  |    |                  |
| Dressing  |    |                  |
| Making the person feel at ease                                |    |                  |
| Clinical counselling  |    |                  |
| Transporting  |    |                  |
| Child care  |    |                  |
| Pet/animal care   |    |                  |
| Peer counsellor, lay counsellor                               |    |                  |
| Recreation  |    |                  |
| Nursing or first aid  |    |                  |
| Pastoral  |    |                  |
| Teaching  |    |                  |
| Office  |    |                  |
| Office  |    |                  |
| Typing  |    |                  |
| Operating adding machine/calculator                           |    |                  |
| Filing alphabetically/numerically                             |    |                  |
| Taking and relaying phone messages                            |    |                  |

| Writing business letters (not typing)       |  |
|---|--|
| Composing press releases and public notices |  |
| Receiving/placing phone orders              |  |
| Operating switchboard                       |  |
| Keeping track of supplies                   |  |
| Shorthand or speedwriting                   |  |
| Bookkeeping                                 |  |
| Entering information into computer          |  |
| Word processing                             |  |
| Excel spreadsheets                          |  |
| PowerPoint web design                       |  |
| Photoshop/photography software              |  |
| Corel draw/graphics software                |  |
| Desktop publishing                          |  |
| Outlook/Email                               |  |
| Other:                                      |  |
| Construction and Maintenance                |  |
| Painting                                    |  |
| Porch construction or repair                |  |
| Tearing down buildings                      |  |
| Knocking out walls                          |  |
| Wall papering                               |  |
| Furniture repairs                           |  |
| Repairing locks                             |  |
| Building garages, homes, out buildings      |  |
| Bathroom repair and modernization           |  |
| Building room additions                     |  |
| Tile work or masonry                        |  |
| Installing drywall taping & mudding         |  |
| Plumbing replacement and/or repairs         |  |
| Electrical replacement and/or repairs       |  |
| I   |  |

| Cabinetmaking  |  |
|--|--|
| Kitchen repair and modernization                     |  |
| Furniture making and repairs                         |  |
| Installing insulation                                |  |
| Installing flooring                                  |  |
| Plastering   |  |
| Soldering & welding                                  |  |
| Concrete work (sidewalks) installing floor coverings |  |
| Repairing chimneys                                   |  |
| Heating/cooling system installation                  |  |
| Putting on siding                                    |  |
| Tuck pointing  |  |
| Cleaning chimneys (chimney sweep)                    |  |
| Installing windows                                   |  |
| Carpentry skills                                     |  |
| Roofing repair or installation                       |  |
| Window washing & installation                        |  |
| Floor cleaning, waxing or mopping                    |  |
| Washing and cleaning carpets/rugs                    |  |
| Routing clogged drains                               |  |
| Using a hand truck in a business                     |  |
| Caulking   |  |
| General household cleaning                           |  |
| Fixing leaky faucets and plumbing                    |  |
| Planting & caring for gardens and lawns              |  |
| Pruning trees & shrubbery                            |  |
| Cleaning/maintaining swimming pools                  |  |
| Floor sanding or stripping                           |  |
| Wood Stripping/refinishing                           |  |
| Assembling furniture                                 |  |
| -  |  |
| Food   |  |
| Catering   |  |

| Food preparation and storage                                  |  |
|---|--|
| Serving food to small numbers of people (under 10)            |  |
| Serving food to large numbers of people (over 10)             |  |
| Preparing meals for large numbers of people (under 10)        |  |
| Preparing meals for large numbers of people (over 10)         |  |
| Clearing/setting tables for large numbers of people (over 10) |  |
| Washing dishes for large numbers of people (over 10)          |  |
| Operating commercial food preparation equipment               |  |
| Traditional food harvesting/gathering                         |  |
| Traditional food preparation                                  |  |
| Meat cutting /field dressing game                             |  |
| Meal planning and proper food storage                         |  |
| Baking  |  |
| Child Care  |  |
| Caring for babies (under 1 year)                              |  |
| Caring for children (1 to 6)                                  |  |
| Caring for children (7 to 13)                                 |  |
| Taking children on field trips                                |  |
| Transportation  |  |
| Driving a car   |  |
| Driving a van   |  |
| Driving a bus   |  |
| Driving a taxi  |  |
| Driving a tractor trailer                                     |  |
| Driving a commercial truck                                    |  |
| Driving a vehicle /delivering goods                           |  |
| Hauling debris/goods & supplies, large and small loads        |  |
| Operating farm equipment                                      |  |
| Operating heavy equipment (Cats, backhoes, graders)           |  |
| Driving an ambulance  |  |

| Ability to navigate/route find (map/compass proficient)  |  |
|--|--|
| Driving & operating fire apparatus                       |  |
| Operating Equipment &Repairing Machinery                 |  |
| Repairing radios, TVs, VCRs                              |  |
| Tape recorders   |  |
| Repairing other small appliances                         |  |
| Repairing snowmobiles/ATVs/power equipment               |  |
| Repairing automobiles                                    |  |
| Repairing trucks/buses                                   |  |
| Repairing/maintaining heavy equipment                    |  |
| Repairing auto/truck/bus bodies                          |  |
| Repairing/maintaining boats & planes                     |  |
| Using a forklift   |  |
| Repairing large household equipment (e.g., refrigerator) |  |
| Repairing heating & air conditioning system              |  |
| Operating plow truck/snow plow                           |  |
| Operating a Backhoe Loader                               |  |
| Operating a dump truck                                   |  |
| Fixing washers/dryers                                    |  |
| Repairing elevators                                      |  |
| Operating a crane  |  |
| Operating pumps  |  |
| Assembling items   |  |
| Disassembling items                                      |  |

| Supervision  |  |
|--|--|
| •  |  |
| Writing reports                                    |  |
| Creating and filling out forms                     |  |
| Planning work for other people                     |  |
| Directing the work of other people                 |  |
| Making a budget /tracking expenditures             |  |
| Keeping records of all your activities             |  |
| Interviewing people                                |  |
| Policing/guarding/providing security               |  |
| Deploying people, resources and equipment          |  |
| Emergency scene management/ Incident Command (ICS) |  |
| Sales  |  |
| Operating a cash register                          |  |
| Selling products wholesale or for manufacturer     |  |
| Which products?                                    |  |
| Selling products retail                            |  |
| Which products?                                    |  |
| Selling services                                   |  |
| Which products?                                    |  |
| How have you sold these products or services?      |  |
| Door to door                                       |  |
| Phone  |  |
| Mail   |  |
| Store  |  |
| Home   |  |
| Music and Art                                      |  |
| Singing  |  |
| Play an Instrument                                 |  |
| Dance  |  |
| Storytelling                                       |  |

| Drawing  |  |
|--|--|
| Oil Painting   |  |
| Watercolour  |  |
|  |  |
| Pottery  |  |
| Carving  |  |
| Stained glass  |  |
| Sculpting  |  |
| Weaving, beading or basket making  |  |
| Security and Safety  |  |
| Guarding residential property  |  |
| Guarding commercial property   |  |
| Guarding industrial property   |  |
| Armed guard  |  |
| Crowd control  |  |
| Ushering at major events   |  |
| Installing alarms or security systems  |  |
| Repairing alarms or security systems   |  |
| Wild land firefighting   |  |
| Firefighting   |  |
| Emergency Management (Incident Command-ICS or Emergency Operations Center-EOC) |  |
| Search and rescue  |  |
| Other  |  |
| Upholstering   |  |
| Sewing   |  |
| Dressmaking  |  |
| Crocheting   |  |
| Knitting   |  |
| Tailoring  |  |
| Moving furniture or equipment to different locations                           |  |
| Managing property  |  |
| Assisting in the classroom   |  |

| Hair dressing   |  |
|---|--|
| Hair cutting  |  |
| Manicuring nails  |  |
| Phone surveys   |  |
| Jewelry or watch repair   |  |
| Photography   |  |
| Interpreting or translating   |  |
| Spoken languages  |  |
| Read languages  |  |
| Written languages   |  |
| XIII. Skills  |  |
| Other skills that your household has which we haven't mentioned?            |  |
| Three things do you think your household does best?                         |  |
| C. Skills that are good enough that other people would hire you to do them? |  |
| D. Three skills your household would most like to learn?                    |  |
| E. Skills anyone in your household would like to teach?                     |  |
| F. Other special interests or activities that you have been involved in?    |  |
| G. Has anyone ever worked on a farm? If so, what did they do?               |  |
|   |  |

| H. 1. Has anyone in your household ever organized or helped organize any of the following community activities? |  |
|---|--|
| 1. Boy Scouts/Girl Scouts   |  |
| 2. Church fundraisers   |  |
| 3. Bingo  |  |
| 4. School-parent associations   |  |
| 5. Sports teams   |  |
| 6. Camp trips for kids  |  |
| 7. Field trips  |  |
| 8. Political campaigns, council elections   |  |
| 9. Block clubs  |  |
| 10. Community groups  |  |
| 11 Rummage sales  |  |
| 12. Yard sales  |  |
| 13. Church suppers  |  |
| 14. Community gardens   |  |
| 15. Community events  |  |
| 16. Spiritual/traditional events or ceremonies  |  |
| 17. Emergency response  |  |
| 18. Canadian rangers  |  |
| H. 2. Would anyone in your household be interested in taking part in any of the following community activities? |  |
| 1. Boy Scouts/Girl Scouts   |  |
| 2. Church fundraisers   |  |
| 3. Bingo  |  |
| 4. School-parent associations   |  |
| 5. Sports teams   |  |
| 6. Camp trips for kids  |  |
| 7. Field trips  |  |
| 8. Political campaigns, council elections   |  |
| 9. Block clubs  |  |
| 10. Community groups  |  |

| 11 Rummage sales   |  |
|--|--|
| 12. Yard sales   |  |
| 13. Church suppers   |  |
| 14. Community gardens  |  |
| 15. Community events   |  |
| 16. Rangers  |  |
| I. In case of an evacuation or disaster does your household own or have access to: |  |
| 1. Bicycle   |  |
| 2. Car   |  |
| 4-Wheel Drive  |  |
| 3. Truck   |  |
| 4-Wheel Drive  |  |
| 4. ATV   |  |
| 5.Snowmobile   |  |
| 6. Boat (Describe type of vessel)  |  |
| 7. Other Vehicle (Describe)  |  |
| 7. Generator (Describe)  |  |
| 8. Alternate Heat Source (Describe)  |  |
| 9. BBQ   |  |
| 10. First Aid Kit  |  |
| 11. Chainsaw   |  |
| 12. Mobile phone   |  |
| 13. Computer or laptop   |  |
| 14. Printer  |  |
| 15. Photocopier  |  |
| 16. Scanner  |  |
| 17. HAM Radio (amateur radio)  |  |
| 18. Water pumps  |  |
| 19. Water hoses / sprinkler systems (lawn/garden)                                  |  |

# Governance/Council

| Council Meetings are held: |  |
|----------------------------|--|
|                            |  |

|                  | Name | Contact Info(email, phone/fax) |
|------------------|------|--------------------------------|
| Mayor/Chief/Clan |      |                                |
| Leader           |      |                                |
| Councillor       |      |                                |

| Not Incorporated?                    |  |
|--------------------------------------|--|
| Regional District Meetings are held: |  |

|                                 | Name | Contact |
|---------------------------------|------|---------|
| Elected Regional Representative |      |         |
| Elected Regional Representative |      |         |
| Elected Regional Representative |      |         |

## Disaster and Emergency Management

#### Service agreements(MTSA or LOU/ MOU)

List the service agreements that your community has with any neighbouring communities or agencies.

(some are listed below, please add any additional)

|                      | Yes/No | Writen or Verbal | Date agreement was signed |
|----------------------|--------|------------------|---------------------------|
| Fire                 |        |                  |                           |
| Water                |        |                  |                           |
| Utilities            |        |                  |                           |
| Road Maintenance     |        |                  |                           |
| Emergency Management |        |                  |                           |
|                      |        |                  |                           |
|                      |        |                  |                           |
|                      |        |                  |                           |

<sup>\*\*\*\*</sup>Please Note: Attach any applicable agreements.\*\*\*

#### Fire Services

List the services and resources that your community has.

|                         | Name                   | Contact Info(email, phone/fax) |
|-------------------------|------------------------|--------------------------------|
| Fire Chief              |                        |                                |
| Deputy Fire Chief       |                        |                                |
| Fire Hall Address:      |                        |                                |
| Fire Hall Contact Info  |                        |                                |
| This should be included | on your community map. |                                |

**Fire Fighters** 

| The Fighters         | Names | Contact Info |
|----------------------|-------|--------------|
| Paid – Full-time     |       |              |
| Paid – Part-<br>Time |       |              |
| Volunteer            |       |              |

|   |                        | #                | Available through          | Agreement |
|---|------------------------|------------------|----------------------------|-----------|
|   |                        |                  | Y/N                        |           |
|   |                        |                  |                            |           |
|   |                        |                  |                            |           |
|   |                        |                  |                            |           |
| Additional Informa  | tion                   |                  |                            |           |
| Γhe annual budget f   | or fire services is    | s:               |                            |           |
| Average response ti   | me:                    |                  |                            |           |
| Number of Calls:  |                        |                  |                            |           |
| Other Information:  |                        |                  |                            |           |
|   |                        |                  |                            |           |
|   |                        |                  |                            |           |
| Dalias Camilas -  |                        |                  |                            |           |
|   | I resources that       | your community h | as.                        |           |
|   | I resources that       | your community h | Contact Info(er            | nail,     |
|   | I resources that       | ·<br>I           |                            | mail,     |
| Police Services List the services and Senior RCMP Deputy RCMP                         | I resources that       | ·<br>I           | Contact Info(er            | mail,     |
| List the services and   | PSS:                   | ·<br>I           | Contact Info(er            | mail,     |
| Senior RCMP Deputy RCMP Police Station Addre  | ess:ail                | Name             | Contact Info(er            | mail,     |
| Senior RCMP Deputy RCMP Police Station Addre  | ess:ail                | Name             | Contact Info(er            | mail,     |
| Senior RCMP Deputy RCMP Police Station Addre  | ess:ailded on your com | Name             | Contact Info(er phone/fax) | mail,     |
| Senior RCMP Deputy RCMP Police Station Addre  | ess:ail                | Name             | Contact Info(er            | mail,     |
| Senior RCMP Deputy RCMP Police Station Addre Telephone, Fax, Em This should be inclu- | ess:ailded on your com | Name             | Contact Info(er phone/fax) | mail,     |

| Essential Equipment (Vehicles,   | #                    | Available through Agreement            |
|--|----------------------|--|
|  | #                    | Y/N                                    |
|  |                      |  |
|  |                      |  |
|  |                      |  |
|  |                      | ,                                      |
| Additional Information   |                      |  |
| The annual budget for police servi   | ices is:             |  |
| Average response time:   | ·                    |  |
| Number of Annual Calls:  |                      |  |
| Other Information:   |                      |  |
|  |                      |  |
|  |                      |  |
| Details of the Memorandum of Un-<br>community or agency.   | uerstanding and/or A | greement if service is provided by and |
| Parks Canada   |                      |  |
| List the services and resources that   | at your community ha | ae                                     |
| List the services and resources the  | at your community no |  |
|  | Name                 | Contact Info(email, phone/fax)         |
| Head Warden Contact  |                      | prioriexy                              |
|  |                      |  |
|  |                      |  |
| Volunteer Contact  |                      |  |
|  |                      |  |
|  |                      |  |
| Ambulance Station Address: _   | ommunity map.        |  |
| Ambulance Station Address:  This should be included on your co   | ommunity map.        |  |
| Ambulance Station Address: This should be included on your co  |                      |  |
| Ambulance Station Address: This should be included on your co  |                      | as.                                    |
| Ambulance Station Address: This should be included on your co  |                      | as.    Contact Info(email, phone/fax)  |
| Ambulance Station Address: This should be included on your co  | at your community ha | Contact Info(email,                    |
| Ambulance Station Address:  This should be included on your contained.  Ambulance  List the services and resources that                                  | at your community ha | Contact Info(email,                    |
| Ambulance Station Address:  This should be included on your contact  Ambulance  List the services and resources the Ambulance Contact  Alternate Contact | at your community ha | Contact Info(email,                    |
| Ambulance Station Address:  This should be included on your contact  Ambulance  List the services and resources the                                      | at your community ha | Contact Info(email,                    |

This should be included on your community map.

| D | - |    | m | _ | ᆲ | ics |
|---|---|----|---|---|---|-----|
| г | a | ıα | ш | u | u | IUS |

|                  | Names | Contact Info |
|------------------|-------|--------------|
| Paid – Full-time |       |              |
| Paid – Part-Time |       |              |
| Volunteer        |       |              |

**Essential Equipment (Vehicles, Supplies)** 

| # | Available through Agreement Y/N |
|---|---------------------------------|
|   |                                 |
|   |                                 |
|   |                                 |
|   |                                 |

#### **Additional Information**

| The annual budget for ambulance services is: |      |
|--|------|
| Average response time:                       |      |
| Number of Annual Calls:                      |      |
| Other Information:                           |      |
|  | <br> |

Details of the Memorandum of Understanding and/or Agreement if service is provided by another community or agency

#### Search & Rescue (SAR)

List the services and resources that your community has.

|                         | Name | Contact Info(email, phone/fax) |
|-------------------------|------|--------------------------------|
| SAR Team Leader         |      |                                |
| SAR Deputy Team Leader  |      |                                |
| Canadian Ranger Members |      |                                |

| SAR | Headquarters | Address: |  |  |
|-----|--------------|----------|--|--|
|     |              |          |  |  |

| Telephone, Fax & Email   | Telephone, Fax & Email |                                |  |  |  |
|--|------------------------|--------------------------------|--|--|--|
| This should be included on your community map.   |                        |                                |  |  |  |
| CAD Valuntaara   |                        |                                |  |  |  |
| SAR Volunteers Volunteer Name  | Contact Info.          |                                |  |  |  |
| VOIGHTE OF TEATHER   |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
| Essential Equipment (Vehicles, Su  | inplies)               |                                |  |  |  |
|  | #                      | Available through Agreement    |  |  |  |
|  | "                      | Y/N                            |  |  |  |
|  |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
| Additional Information   |                        |                                |  |  |  |
| The annual budget for SAR is:  |                        |                                |  |  |  |
| The annual budget for SAN is.  |                        |                                |  |  |  |
| Average response time:   |                        |                                |  |  |  |
| Number of Annual Calls:  |                        |                                |  |  |  |
| Other Information:   |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
|  |                        |                                |  |  |  |
| Details of the Memorandum of Understanding and/or Agreement if service is provided by another community or agency. |                        |                                |  |  |  |
| Marine Search & Rescue (MSAR)  |                        |                                |  |  |  |
| List the services and resources that your community has.   |                        |                                |  |  |  |
|  | Name                   | Contact Info(email, phone/fax) |  |  |  |
| Marine SAR Coordinator   |                        |                                |  |  |  |
| Marine SAR Leader  |                        |                                |  |  |  |
| Marine SAR Headquarters Address:   |                        |                                |  |  |  |

| This should be included on your co                       | ommunity man                            |   |
|--|---|---|
| Triis stioula be included on your co                     | этппипку тар.                           |   |
| Marine SAR Volunteers                                    |   |   |
| Volunteer Name   | Contact Info.                           |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
| Essential Equipment (Vehicles,                           | Sunnlies)                               |   |
| -coordia Equipment (Femeles, (                           | #                                       | Available through                       |
|  |   | Agreement Y/N                           |
|  |   |   |
|  |   |   |
|  |   |   |
| Additional Information                                   |   |   |
| Γhe annual budget for Marine SAF                         | R is:                                   |   |
| Average response time:                                   |   |   |
| Number of Annual Calls:                                  |   |   |
| Other Information:                                       |   | <del></del>                             |
|  |   |   |
|  |   |   |
| Datalla afilia Massaccia I se Cli                        | derstanding and/or A                    | agreement if service is provided by ano |
| Details of the Memorandum of Uno<br>community or agency. | ao. o. a                                |   |
|  | a o . o . o . o . o . o . o . o . o . o |   |
| community or agency.                                     |   |   |
|  |   | <b>3</b> S.                             |
| community or agency.  Road Rescue                        | at your community ha                    | as.    Contact Info(email,              |
| community or agency.                                     |   |   |

| Road Rescue Headquarters Address:                       |                         |                                     |  |  |
|---|-------------------------|-------------------------------------|--|--|
| This should be included on your com                     | munity map.             |                                     |  |  |
| Road Rescue Volunteers                                  |                         |                                     |  |  |
| Volunteer Name  | Contact Info.           |                                     |  |  |
|   |                         |                                     |  |  |
|   |                         |                                     |  |  |
|   |                         |                                     |  |  |
|   |                         |                                     |  |  |
|   |                         |                                     |  |  |
| Essential Equipment (Vehicles, Su                       | pplies)                 |                                     |  |  |
|   | #                       | Available through Agreement Y/N     |  |  |
|   |                         |                                     |  |  |
|   |                         |                                     |  |  |
|   |                         |                                     |  |  |
| Additional Information                                  |                         |                                     |  |  |
| The annual budget for Road Rescue                       | is:                     |                                     |  |  |
| Average response time:                                  |                         |                                     |  |  |
| Number of Annual Calls:                                 |                         |                                     |  |  |
|   |                         |                                     |  |  |
| Other Information:                                      |                         |                                     |  |  |
|   |                         |                                     |  |  |
|   |                         |                                     |  |  |
|   |                         |                                     |  |  |
| Details of the Memorandum of Under community or agency. | standing and/or Agreeme | nt if service is provided by anothe |  |  |
| Emergency Social Services (ES                           | SS)                     |                                     |  |  |
| List the services and resources that y                  | our community has.      |                                     |  |  |
|   | Name                    | Contact Info(email, phone/fax)      |  |  |

| ESS Director   |                          |                                   |
|--|--------------------------|-----------------------------------|
| Deputy ESS Director                                    |                          |                                   |
| ESS Headquarters Address:                              |                          |                                   |
| This should be included on your com                    | munity map.              |                                   |
| ESS Volunteers   |                          |                                   |
| Volunteer Name   | Contact Info.            |                                   |
|  |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
|  | #                        | Available through Agreement Y/N   |
|  |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
| Additional Information The annual budget for ESS is:   |                          |                                   |
| -  |                          |                                   |
| Average response time:                                 |                          |                                   |
| Number of Annual Calls:                                |                          |                                   |
| Other Information:                                     |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
| Details of the Memorandum of Unde community or agency. | rstanding and/or Agreeme | ent if service is provided by and |

Amateur radio (Hams)

List the services and resources that your community has.

|  | Name          | Contact Info(email, phone/fax)     |
|--|---------------|------------------------------------|
| Team Contact   |               |                                    |
| Alternate Contact  |               |                                    |
| Amateur Radio Headquarters Addre   | SS:           |                                    |
| This should be included on your com  | nmunity map.  |                                    |
| Amateur Radio Volunteers   |               |                                    |
| Volunteer Name   | Contact Info. |                                    |
|  |               |                                    |
|  |               |                                    |
|  |               |                                    |
|  |               |                                    |
|  |               |                                    |
|  |               |                                    |
|  |               |                                    |
|  |               |                                    |
|  |               |                                    |
|  |               |                                    |
| Essential Equipment (Vehicles, Su  |               | Available through                  |
| Essential Equipment (Vehicles, St  | ipplies)<br># | Available through<br>Agreement Y/N |
| Essential Equipment (Venicles, St  |               |                                    |
| Additional Information   |               |                                    |
| Additional Information   | #             |                                    |
|  | #             |                                    |
| Additional Information   | #             |                                    |
| Additional Information  The annual budget for Amateur Rad  | #             |                                    |
| Additional Information  The annual budget for Amateur Rad  Average response time:                          | #             |                                    |
| Additional Information  The annual budget for Amateur Rad  Average response time:  Number of Annual Calls: | #             |                                    |
| Additional Information  The annual budget for Amateur Rad  Average response time:  Number of Annual Calls: | #             |                                    |
| Additional Information  The annual budget for Amateur Rad  Average response time:  Number of Annual Calls: | #             |                                    |
| Additional Information  The annual budget for Amateur Rad  Average response time:  Number of Annual Calls: | #             |                                    |

is provided by another community or agency.

## Emergency Coordinator and Emergency Plan

|   | Name                |             | Contact Info(email, phone/fax) |  |  |
|---|---------------------|-------------|--------------------------------|--|--|
| Emergency Coordinator   |                     |             |                                |  |  |
| Deputy Emergency Coordinator  |                     |             |                                |  |  |
| Emergency Operations Centre Address:  |                     |             |                                |  |  |
| This should be included on your community map.                                    |                     |             |                                |  |  |
| Emergency Operations Centre Ca  | pacity              | #           |                                |  |  |
| Desks   |                     | #           |                                |  |  |
| Computers, pens paper etc.  |                     |             |                                |  |  |
| Communications  |                     |             |                                |  |  |
| (e.g., phones, radios)  |                     |             |                                |  |  |
| Internet Access   |                     |             |                                |  |  |
| Fax Machine   |                     |             |                                |  |  |
| Photocopier   |                     |             |                                |  |  |
| Supplies/materials(white boards/sta   | atus boards)        |             |                                |  |  |
| Generator (backup power)  |                     |             |                                |  |  |
| Alternate heat source   |                     |             |                                |  |  |
| Washroom facilities   |                     |             |                                |  |  |
| Kitchen facilities (small)  |                     |             |                                |  |  |
| Refrigerator  |                     |             |                                |  |  |
| Sleeping facilities –rest areas   |                     |             |                                |  |  |
| Additional Information The annual budget for Emergency Preparedness is:           |                     |             |                                |  |  |
| Number of Activations:  |                     | <del></del> |                                |  |  |
| Is there an Emergency Response Plan?  Yes No                                      |                     |             |                                |  |  |
| Has a Community Hazard, Risk and Vulnerability Assessment been completed?  Yes No |                     |             |                                |  |  |
| When was the Emergency Response Plan last reviewed and updated?                   |                     |             |                                |  |  |
| When was the Emergency Response   | e Plan tested/exerc | cised?      |                                |  |  |
| Has the community applied for Emergency management funding?  Yes No               |                     |             |                                |  |  |
| Other Information:  |                     |             |                                |  |  |

| <br> | <br> |  |
|------|------|--|
|      |      |  |
| <br> | <br> |  |
|      |      |  |

Details of the Memorandum of Understanding and/or Agreement if service is provided by another community or agency.

### **Hazards Information**

Transfer the information from your Hazards Workbook.

### Past Hazardous Events Which Occurred in Our Community

| Type of Hazard | When | Location | Description of Event (Details, # of dead, injured or evacuated, cost) |
|----------------|------|----------|---|
|                |      |          |   |
|                |      |          |   |
|                |      |          |   |
|                |      |          |   |
|                |      |          |   |
|                |      |          |   |
|                |      |          |   |
|                |      |          |   |
|                |      |          |   |

These should be included on your community map.

### Past Hazardous Events Which Occurred Outside of Our Community But Had a Direct Impact

| Type of Hazard | When | Location | Description of Event (Details, # of dead, injured or evacuated, cost) |
|----------------|------|----------|---|
|                |      |          |   |
|                |      |          |   |
|                |      |          |   |
|                |      |          |   |

These should be included on your community map.

#### Hazards To Be Concerned About

| Name of Hazard | Location | Concern |
|----------------|----------|---------|
|                |          |         |
|                |          |         |
|                |          |         |
|                |          |         |
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|                |          |         |
|                |          |         |
|                |          |         |

# **Changing Times**

| Have there been any population shifts over the past decade or so?  Yes No No Don't Know |  |  |  |  |
|---|--|--|--|--|
| If yes, what has been the trend?  |  |  |  |  |
| Are there any other trends that you have identified?                                    |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |