

APPENDIX 1

RESIDENTS' QUESTIONNAIRE ON THE DEVELOPMENT OF A COMMUNITY COUNCIL RESILIENT COMMUNITY PLAN

SNOW AND ICE

Please note: Each householder/occupier is responsible for maintaining and clearing snow or ice from their footpaths and driveways

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|---|------------------------------|-----------------------------|
| 1. Are you able and willing to undertake snow clearing of paths/ driveways of those who are unable to do so? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are you able and willing to undertake snow clearing of the paths/ driveways that give access to the community or village hall etc? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are you able and willing to undertake clearing of snow from school and nursery access routes and playgrounds? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Would you be willing to co-ordinate part of or all of this activity within your street or area? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Are you able and willing to undertake putting bins out during severe weather for those who are unable to do so? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Can you offer the use of a 4 X 4 for urgent errands/messages during severe weather? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

OTHER EMERGENCIES, INCLUDING FLOODING, UTILITY FAILURE, FIRE, TRANSPORTATION

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|---|------------------------------|-----------------------------|
| 1. Can you provide transport (4X4) to people within your community that may need to get to the doctor, pick up shopping, etc.? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are you able and willing to help place out sandbags or assist with the putting up of domestic flood gates of those who are unable to do so? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are you able and willing to assist with the preparation of catering or the provision of hot drinks at your community/village hall? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are you willing and able to check on your neighbour (if necessary) during any failure of the utilities etc. for example, power or water failure? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you have a specific skill that the community can call upon during an emergency? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. If Yes to 5, please state what skills you can offer | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
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Please note, this would not involve payment as the community council do not have any budget for this.

OTHER “REGULAR” AND POTENTIAL COMMITMENTS

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|---|------------------------------|-----------------------------|
| 1. Are you willing to keep a watch on your neighbours’ property when they are away on holiday etc.? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Provide temporary assistance if a neighbour is locked out/utility failure? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. If you are elderly or have a physical disability, would you like to be placed on the Co-ordinator’s register for assistance in periods of emergency? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Would you like to be a local community/area co-ordinator for any of the above? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. If Yes, please state any preferences you have | | |

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If your are willing to assist your community neighbourhood and have answered Yes to any of the above questions, can you please provide the following information. This information will be held by the Community/Area Co-ordinator and only used or divulged when necessary during an incident or emergency. The co-ordinator will add the information to what is termed a ‘community asset register’ and will be reviewed annually or whenever deemed necessary.

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|--|------------|
| NAME | |
| ADDRESS | |
| EMAIL | |
| AVAILABILITY for example day & night, or night time only. | |
| HOME TEL | MOBILE TEL |
| Please state below any additional suggestions or comments you would like us to consider. | |

**Please return the completed questionnaire to the
Community Co-ordinator**