Request for Disaster Ready Kids Children's Program

Name of Organization			
Name of Contact Person			
Mailing Address			_
Physical Address			
City	State	Zip	
Email Address	Fax		
Telephone	Fax		
Approximate Number of Ch	nildren and Caregivers:		
Age range of children withi	n the group?		
☐ Mimi Mouse Learns to	Prepare for Emergencies! DVD		
	e Mimi Mouse program, please larce List that you would like to u		m the attached Disaster
Are you interested in these	1 0		
☐ Family Disaster Supply☐ Pet Disaster Supply Kit			
Additional Comments			
What date & time would yo	u like to have your program/acti	vity?* Please list in order o	f preference:
1 st Choice: Date	Time		
2 nd Choice: Date	Time		
3 rd Choice: Date	Time		
How much time will we have	ve to present to the group?		
*Your organization can list form and fill ONE out for E	more than one date, time, and ty ACH request.	pe of activity. Please make	additional copies of this
For Office Use Only:			
Names of Volunteers Assigned to thi Materials Needed	s activity		_
Confirmed with Organization on Dat	e; Spoke with		-
Confirmed with Volunteer/s on Date			

Please mail, e-mail, or fax your request to:

Brandon C. Vallee
Public Information Officer/Administrative Assistant/Volunteer Coordinator
Jefferson County Homeland Security & Emergency Management
28 Industrial Blvd., Suite 101
Kearneysville, WV 25430
(304) 724-8914
(304) 728-3320 Fax
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