



EMBASSIES/CONSULATES OF THE UNITED STATES OF AMERICA

LOCAL UNITED STATES CITIZEN SKILLS/RESOURCES SURVEY

U.S. citizens abroad may possess critical skills and resources invaluable for helping other U.S. citizens in a time of crisis. The Consular Section of the U.S. Embassy/Consulate would appreciate your assistance in identifying these skills and resources. Please provide relevant details about yourself and return this survey to us by e-mail, fax, or in person to the American Citizens Services unit of the Consular section of the nearest U.S. embassy or consulate. Family members may submit separate forms or you may include their information on this form with their consent. We will keep your responses confidential. Please see the Privacy Act Statement on page 3.

| | | | |
|--------------------------------------|---------|----------------------------|----------------------|
| Full Name (<i>Last, First, MI</i>) | | Date (<i>mm-dd-yyyy</i>) | Telephone Number (s) |
| [Redacted] | | [Redacted] | [Redacted] |
| Email Address | Address | City | Country |

OCCUPATION(S) AND OTHER SKILLS

Please place an 'X' in each box that describes the skills you possess.

- | | |
|---|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Engineering Operation |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Heavy Machinery |
| <input type="checkbox"/> Search and Rescue | <input type="checkbox"/> Construction/Extraction |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Foreign Language (<i>Oral / Written</i>) | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Military | <input type="checkbox"/> Other (<i>If other, Please Specify</i>) |
| <input type="checkbox"/> Law Enforcement | _____ |
| <input type="checkbox"/> Food Service | |

Please provide additional details about the skills marked above.

[Empty text area for providing details about skills]

LANGUAGE SKILL

1. In the first box, please indicate your level of proficiency as a "Translator." In the second box, please indicate your level of proficiency as an "Interpreter."

- Level 1 - Communication is limited to a few words.
- Level 2 - Comprehension of very simple written material.
- Level 3 - Can satisfy social demands and limited work requirements.
- Level 4 - Functioning in a social and professional setting.
- Level 5 - Equivalent to a native speaker.

Translator (T) - convert one language into another through writing.
 Interpreter (I) - convert one language into another through oral communication.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">T</td><td style="text-align: center;">I</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Arabic</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Armenian</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Bengali</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Chinese, Mandarin</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Creole</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>English</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Farsi/Dari</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>French</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>German</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Hebrew</td></tr> </table> | T | I | | <input type="checkbox"/> | <input type="checkbox"/> | Arabic | <input type="checkbox"/> | <input type="checkbox"/> | Armenian | <input type="checkbox"/> | <input type="checkbox"/> | Bengali | <input type="checkbox"/> | <input type="checkbox"/> | Chinese, Mandarin | <input type="checkbox"/> | <input type="checkbox"/> | Creole | <input type="checkbox"/> | <input type="checkbox"/> | English | <input type="checkbox"/> | <input type="checkbox"/> | Farsi/Dari | <input type="checkbox"/> | <input type="checkbox"/> | French | <input type="checkbox"/> | <input type="checkbox"/> | German | <input type="checkbox"/> | <input type="checkbox"/> | Hebrew | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Hindi</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Indonesian</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Indonesian/Malay</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Italian</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Japanese</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Korean</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Portuguese</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Russian</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Spanish</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Swahili</td></tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | Hindi | <input type="checkbox"/> | <input type="checkbox"/> | Indonesian | <input type="checkbox"/> | <input type="checkbox"/> | Indonesian/Malay | <input type="checkbox"/> | <input type="checkbox"/> | Italian | <input type="checkbox"/> | <input type="checkbox"/> | Japanese | <input type="checkbox"/> | <input type="checkbox"/> | Korean | <input type="checkbox"/> | <input type="checkbox"/> | Portuguese | <input type="checkbox"/> | <input type="checkbox"/> | Russian | <input type="checkbox"/> | <input type="checkbox"/> | Spanish | <input type="checkbox"/> | <input type="checkbox"/> | Swahili | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Tagalog</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Telugu</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Thai</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Turkish</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Urdu</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Vietnamese</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Zulu</td></tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | Tagalog | <input type="checkbox"/> | <input type="checkbox"/> | Telugu | <input type="checkbox"/> | <input type="checkbox"/> | Thai | <input type="checkbox"/> | <input type="checkbox"/> | Turkish | <input type="checkbox"/> | <input type="checkbox"/> | Urdu | <input type="checkbox"/> | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> | <input type="checkbox"/> | Zulu |
| T | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Arabic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Armenian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Bengali | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Chinese, Mandarin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Creole | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | English | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Farsi/Dari | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | French | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | German | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hebrew | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hindi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Indonesian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Indonesian/Malay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Italian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Japanese | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Korean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Portuguese | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Russian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Spanish | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Swahili | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tagalog | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Telugu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Thai | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Turkish | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Urdu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Vietnamese | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Zulu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Other Languages YES NO
 (If yes, specify) _____

RESOURCES

In the event of a crisis, I may be able to provide:

| | | | | |
|---|----------|----------|--------------------|--|
| <input type="checkbox"/> TRANSPORTATION | TYPE | | PASSENGER CAPACITY | |
| <input type="checkbox"/> SHELTER | TYPE | LOCATION | CAPACITY | |
| <input type="checkbox"/> FOOD SERVICE | LOCATION | | CAPACITY | |

Additional Resources or Information

RESIDENCY STATUS

Please place an 'X' in each box that applies.

I am permanently a resident in _____ .
Country

I travel to and from _____ several times a year.
Country

I am temporarily a resident in _____ until _____ .
Country Date (mm-dd-yyyy)

Signature, or Typed Name if Submitted by Email

Date (mm-dd-yyyy)

PRIVACY ACT STATEMENT

AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. § 4802(b), 31 U.S.C. § 1342, 22 CFR § 71.1 and 22 CFR § 71.6.

PURPOSE: The principal purpose of gathering this information is to identify U.S. citizens residing in a particular country who may possess critical skills and resources invaluable for helping other Americans in a time of crisis. Absent your prior written consent, no information on this form may be disclosed to any persons or agency unless such a disclosure would be permitted by the Privacy Act, 5 USC52a (b) ("Conditions of disclosure").

ROUTINE USES: The information on this form may be shared with federal, state, and local government agencies; members of Congress; officials of foreign governments; U.S. and foreign courts; U.S. and foreign nongovernmental organizations, including disaster or emergency relief organizations such as the International Red Cross, Red Crescent and others. This information collection is covered by the System of Records Notice.

Responding to this survey is purely voluntary.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, SA-29, 4th Floor, U.S. Department of State, Washington, DC 20522-2202.