**Clark County Sheriff’s Office**

 **Senior Wellness Check Program Registration**

**Participant’s Contact Information** Enrollment date:Click here to enter text.

First Name: Click here to enter text. Last Name: Click here to enter text.

Home Address: Click here to enter text. Apt. #Click here to enter text.

City: Click here to enter text. Zip: Click here to enter text.

Primary Phone: Click here to enter text. Alt. Phone: Click here to enter text.

Email: Click here to enter text.

Call between hours of: Click here to enter text. and Click here to enter text.

Frequency of calls: Daily [ ]  Weekly [ ]  Weekends only [ ]  Other Click here to enter text.

Extra time needed to get to phone: Yes [ ]  No[ ]

List any serious health conditions *that you want us* *to be aware of:*

Click here to enter text.

List any pets (name, description and location):

Click here to enter text.

**Emergency Contact Information**

Primary person to call if you cannot be reached after 3 attempts:

Name:Click here to enter text. Relation: Click here to enter text.

Primary Phone: Click here to enter text. Alt. Phone: Click here to enter text.

Has key to my home: Yes [ ]  No [ ]

Secondary (if no contact is made with primary)

Name: Click here to enter text. Relation: Click here to enter text.

Primary Phone: Click here to enter text. Alt. Phone: Click here to enter text.

Has key to my home: Yes [ ]  No [ ]

Notes/additional information: Click here to enter text.



I request to take part in the Senior Wellness Check Program. I understand that by participating in this program, a volunteer of the Clark County Sheriff’s Office Sheriff Auxiliary will call to check on my well-being, at a time and frequency mutually agreed upon. I understand Auxiliary will attempt to contact me by phone daily for the purpose of doing a wellness check, but due to volunteer schedules and availability, daily contact is not guaranteed.

Volunteers of the Clark County Sheriff’s Office will not provide any medical assistance, service or advice; travel or transportation assistance; labor; or financial assistance or advice. I understand the purpose of the call is to check on my well-being and not for any other purpose.

The Auxiliary member will make up to three attempts to contact me by phone, allowing 5-10 minutes in between calls. I understand that if no contact is made with me by phone, the Auxiliary member will call the primary emergency contact person listed on this form, and then the second contact person if the primary contact cannot be reached. If the Auxiliary member has concerns for my safety or well-being and after all attempts to contact emergency numbers have failed, a law enforcement officer will be dispatched to do a welfare check and may use necessary means to enter my residence for the purpose of providing assistance to me.

I understand that my participation in this registry is voluntary and all information maintained will be strictly confidential.

I agree to hold Clark County Sheriff, individual Officers/Deputies, and/or designated volunteers harmless should any personal/physical damage occur while acting upon a distress/emergency call.

* I will notify the appointed Auxiliary member if I will be away from my home during the time of a scheduled call.
* I will provide updates to information contained on this application as changes occur.
* I understand that I may terminate my participation in this program at any time.
* I understand that the Sheriff’s Office may terminate my participation in the program at any time.
* I consent for law enforcement officers to enter my home if, in the judgement of law enforcement, circumstances indicate that my health and welfare are in jeopardy.

Signature of Participant: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:Click here to enter text.

