

You Are Not Alone Program - Application

Applicant's Full Name

Phone

Cell Phone

Email

Address

Applicant's Spoken Language

Date of Birth

Enrollment Date

Checks are conducted between 9 AM – 5 PM

Preferred Day for Contact (Circle One)

Your Preferred Time:

Mon

Tues

Wed

Thurs

Fri

MEDICAL CONDITIONS (Optional)

Pets Animals on Premises ☐ YES ☐ NO

Types of Animals/Type of Dog Breed

How many pets:

Location of Animal(s) ☐ House ☐ Backyard ☐ Garage ☐ Other (describe)

Firearms on Premises ☐ YES ☐ NO

Type:

Location(s)

Alarm Type ☐ None ☐ Audible ☐ Silent ☐ Monitored

Alarm Company Name:

Phone Number:

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Emergency Contact #1

Full Name

Relationship

Phone

Cell Phone

Address

Has Key ☐ YES ☐ NO

Has Alarm Code ☐ YES ☐ NO

Emergency Contact #2

Full Name

Relationship

Phone

Cell Phone

Address

Has Key ☐ YES ☐ NO

Has Alarm Code ☐ YES ☐ NO

Authorized Vehicles on Premises

Make

Model

Year

Plate

Make

Model

Year

Plate

Make

Model

Year

Plate

Regular Visitors (caregiver, house cleaner, etc.)/Additional Information

THIS FORM MUST BE SIGNED PRIOR TO PARTICIPATION

APPLICANT'S SIGNATURE: _____