

Office of the Sheriff

County of Warren

Warren County Courthouse
413 2nd Street
Belvidere, NJ 07823
Phone (908) 475-6309 Fax: (908) 475-6360

PROJECT LIFESAVER ENROLLMENT APPLICATION

This application should be filled out by the **CAREGIVER/AUTHORIZED REPRESENTATIVE** on behalf of the individual who will be enrolled in the Project Lifesaver Program (the **APPLICANT**).

This application is divided into sections - the first section (Page 1) requires **CAREGIVER/AUTHORIZED REPRESENTATIVE** information and emergency contact information, the second section (Pages 2-4) requires information about the individual being enrolled, the **APPLICANT**, and the last section is a four page Project Lifesaver Contract which contains liability information and a release which we ask that you read carefully before signing.

REMEMBER, all sections are to be filled out by you, the **CAREGIVER/AUTHORIZED REPRESENTATIVE**.

APPLICANT'S NAME: _____
(name of individual for whom this application is being made)

ADULT
 JUVENILE

SECTION I: CAREGIVER/AUTHORIZED REPRESENTATIVE CONTACT INFORMATION

Name:		
Relationship to Applicant:		
Address:		
Home Phone:	Cell Phone:	Other Phone:
E-Mail:		
Name of Employer:		
Employer's Address:		
Work Phone:		

SECONDARY EMERGENCY CONTACT INFORMATION

Name:		
Relationship to Applicant:		
Address:		
Home Phone:	Cell Phone:	Other Phone:
E-Mail:		
Name of Employer:		
Employer's Address:		
Work Phone:		

ADDITIONAL FRIENDS / FAMILY CONTACT INFORMATION

Name:
Relationship to Applicant:
Address:
Home Phone:
Cell Phone:
Work Phone:

Name:
Relationship to Applicant:
Address:
Home Phone:
Cell Phone:
Work Phone:

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Applicant's Home Address: _____

City/State: _____ Zip: _____

Phone: _____ Years living at this address: _____

If the Applicant resides in a facility please provide the following information:

Facility Address: _____

City/State: _____ Zip: _____

Phone: _____ Years living at this address: _____

If the Applicant attends a school or day program please provide the following information:

Program Address: _____

City/State: _____ Zip: _____

Phone: _____ Contact name at this location: _____

Days/Hours Attends: _____

Applicant's Personal Information

Birthdate: _____ Age: _____ Sex: Male / Female Race: _____

Nickname(s): _____

Most Recent Place of Work: _____

Most Recent Occupation: _____

Name of Spouse: _____ Living / Deceased (Circle One)

Height: _____ Weight: _____ Build: _____

Hair Color: _____ Hair Style: _____

Complexion: _____ Facial Hair: _____

Eye Color: _____ False Teeth: Yes / No (Circle One)

Distinguishing Marks/Scars/Tattoos: _____

Shape of Facial Features: Round / Square / Oval / Other _____

General Appearance: _____

If Applicant does not understand English, what language is understood? _____

Spoken word only: Yes / No or Written / Spoken: Yes / No

Does Applicant Wear Glasses?: Yes / No Contacts?: Yes / No Sunglasses?: Yes / No
If yes to any of the above, what style?: _____

If Applicant wears corrective eyewear, what degree of vision does he/she have without the eyewear?: None / Poor / Fair (Circle One)

Does Applicant wear a hearing aid?: Yes / No What style?: _____
If yes, what type of hearing does he/she have without the hearing aid? None / Poor / Fair (Circle One)

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Applicant Health / Mental Health Information

Applicant's specific diagnosis? _____ When was this diagnosed? _____

Physician
Address: _____

City/State: _____ Zip: _____

Phone: _____ Physician Name: _____

Any other health/medical related issues: _____

Any known physical handicaps? Describe: _____

Medications taken regularly? _____

Consequences of NOT taking medications? _____

Any Mental Health Problems? Yes / No Nature: _____

1. Does the Applicant remain oriented to time, person, current events or tend to re-live events in his/her life?
Explain _____

3. Does the Applicant know his/her name? Yes/No

4. Would the Applicant respond if being called out to by his/her name? Yes/No

5. Would the Applicant attempt to or have the ability to communicate if lost or hurt? Yes/No
How would they do this? _____

6. How is the Applicant's communication ability? None / Poor / Fair / Good / Excellent

7. By what name does the Applicant call the family member or friend in which they have the closest emotional attachment: _____ Relationship to Applicant: _____

8. Does the Applicant recognize familiar persons and faces? Yes / No
Explain _____

9. Does the Applicant sometimes clothe himself/herself improperly? Yes / No
Explain _____

10. Does the Applicant have any identifying or distinguishing features, scars, moles, etc.?
Explain _____

11. How will Applicant react if approached by a uniformed Officer?
Explain _____

12. Does the Applicant have a fear of people? Dogs? Horses? Noises? Shouting? Anything else?
Explain _____

Any suggestions for approaching Applicant and de-escalation techniques: _____

PROJECT LIFESAVER ENROLLMENT APPLICATION

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 JUVENILE

Applicant's Behavioral Information:

1. Are the Applicant's sleep patterns irregular? Yes / No
Explain _____
2. Can the Applicant travel on his/her own to familiar or favorite locations? Yes / No
Where _____
3. Are there any locations that have a special or significant attraction to the Applicant?
Where _____
4. If there were any prior instances of wandering, where was the Applicant found?
Location _____
5. When outside, would the Applicant mostly stay on paths or roadways? Yes/No
Would the Applicant wander into the woods? Yes/No During the Day / Night / Either?
6. Please provide the names and addresses of people Applicant may head toward:

Personal Items:

- Does the Applicant like to carry any personal items, sentimental items, toys, purse, etc.?
Explain _____
- Tobacco Products: Yes / No Type : _____ Matches or Lighter: Yes / No
Candy/Gum/Food Items: Yes / No Explain: _____
Description of any jewelry/watch worn: _____
Cane / Walker: Yes / No Other: _____
Pocketknife, survival tools, etc. _____
Other Items: _____
Approximate amount of cash on hand? \$ _____

Personality / Habits / Interests

1. Military experience? Yes / No Where? _____ When? _____
 2. Hobbies/Interests: _____
 3. General athletic interest/abilities: _____
 4. Demeanor: Outgoing / Quiet Prefers: Groups / Being Alone Talks to Strangers: Yes / No
 5. Ever been in trouble with the law? Yes / No For What: _____
 6. Religious? Yes / No What Faith? _____ Attends Regularly: Yes / No
 7. What does Applicant value most? _____
 8. Where was Applicant born and raised? _____
 9. Is the Applicant DANGEROUS to himself/herself or others? Yes / No
 10. Does the Applicant suffer from frequent personality and/or emotional changes? Yes / No
Explain _____
 11. Does the Applicant suffer from delusions (see imaginary visitors or friends, talk to his/her own reflection in the mirror, imagine that his/her spouse is an imposter, etc)? Yes / No
Explain _____
- Any other relevant information about the Applicant: _____

PROJECT LIFESAVER CONTRACT

THIS AGREEMENT is made this _____ day of _____, 20____, by and between the **Warren County Sheriff's Office** (hereinafter the "WCSO"), and

(AUTHORIZED REPRESENTATIVE)

Whose address is _____

_____ (Town) _____ (State) _____ (Zip Code)

for _____ (Applicant).

WHEREAS, the WCSO serves the community through the efforts of volunteer members who perform benevolent, humanitarian, and charitable services, principally air and ground search and rescue and disaster relief; and

WHEREAS, the WCSO is undertaking a program for search and rescue using electronic signaling devices as an aid in searching for lost persons who suffer in one form or other from diminished mental capacity or other disability; and

WHEREAS, the WCSO is under no legal or other duty to provide such a search system to persons suffering from such diminished capacity or disability; and

WHEREAS, the WCSO does not act as an agent, representative, or surrogate for any other person, body or legal entity in undertaking the program, and neither obligates nor is able to obligate any other person, body, or legal entity by undertaking such program; and

WHEREAS, the AUTHORIZED REPRESENTATIVE named herein is empowered, able, and authorized to act in the name of and on behalf of the person named in Section 1 below; and

WHEREAS, the AUTHORIZED REPRESENTATIVE desires to participate for the benefit of the person named in Section 1 below in the program being undertaken.

THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES MADE HEREIN, the above parties agree:

1. The WCSO agrees to furnish to the AUTHORIZED REPRESENTATIVE named above for the use and benefit of _____ (APPLICANT), a Project Lifesaver System consisting of a wrist band transmitter (BRACELET) or its equivalent together with monitoring, response and tracking services appropriate and necessary for the use of such equipment.
2. The WCSO will be paid a monthly maintenance fee of fifteen dollars (\$15.00) per month, said sum to be paid by the AUTHORIZED REPRESENTATIVE on behalf of the APPLICANT on or before the tenth (10th) day of each month at the office of the WCSO.

3. It is the duty of the AUTHORIZED REPRESENTATIVE, to immediately notify the Communications Center in the event the APPLICANT is discovered missing from the AUTHORIZED REPRESENTATIVE's care or the care of any school, day program or facility in which the APPLICANT attends.
4. In the event that the Project Lifesaver Locating System BRACELET is no longer needed by the APPLICANT, the WCSO is to be notified immediately so that said BRACELET can be removed and the APPLICANT will be removed from the Project Lifesaver Program.
5. If the Project Lifesaver Locating System BRACELET is lost and all attempts by the WCSO to locate the BRACELET have been exhausted, the AUTHORIZED REPRESENTATIVE shall reimburse the WCSO the cost of said BRACELET.
6. It is expressly understood and agreed that the WCSO and/or designated agency is responsible for the routine maintenance of the Project Lifesaver Locating System equipment provided hereunder; however, the WCSO and/or designated agency is NOT responsible in any respect for technical failure due to manufacturing or material defects of the equipment provided. APPLICANT and AUTHORIZED REPRESENTATIVE agree to cooperate with the WCSO and/or designated agency to facilitate routine maintenance. Should the APPLICANT and/or AUTHORIZED REPRESENTATIVE fail to cooperate with the terms of routine maintenance, the Contract may be terminated immediately.
7. It is expressly understood and agreed that the WCSO makes no warranties of any kind with regard to the equipment described herein, the operation or effectiveness of the equipment described herein, the fitness or suitability of the equipment described herein for a particular purpose, or the merchantability of the equipment described herein. In addition, the WCSO is not responsible for any failure of the telephone pager system used for emergency messages or alerts. Telephone systems and pager systems fail to perform or underperform from time to time. The WCSO makes no warranties of any kind with regard to telephone or pager systems used in the program. In the event of failure of the Project Lifesaver Locating System equipment described herein, the WCSO will attempt to replace or repair such equipment at its option, upon being notified of the need for such service.
8. It is understood that the WCSO shall retain all title and interest in said equipment and in no way does the AUTHORIZED REPRESENTATIVE or APPLICANT acquire any title in said equipment.
9. Except as otherwise provided in Section 6 above, this Agreement may be terminated at the option of either party upon thirty (30) days written notice to the other party.
10. The AUTHORIZED REPRESENTATIVE expressly acknowledges and agrees that the Project Lifesaver Locating System equipment is NOT intended to replace the care, monitoring, attention and oversight to be provided by the AUTHORIZED REPRESENTATIVE to the APPLICANT. The AUTHORIZED REPRESENTATIVE, on behalf of the APPLICANT, accepts the use of the Project Lifesaver Locating System equipment and the services described above with the understanding that the Project Lifesaver Locating System equipment and services are intended to be merely an additional and ancillary (supplemental) tool providing an extra means of locating the APPLICANT in the event that the APPLICANT is discovered missing.

NOTICE: READ THE FOLLOWING SECTION 11 VERY CAREFULLY! DO NOT SIGN THIS CONTRACT UNLESS YOU UNDERSTAND THIS SECTION. SECTION 11 WAIVES IMPORTANT LEGAL RIGHTS AND CLAIMS. IT IS RECOMMENDED TO CONSULT YOUR OWN ATTORNEY.

SECTION 11:

_____, the AUTHORIZED REPRESENTATIVE on its/his/her own behalf and on behalf of the APPLICANT, hereby releases from all liability and waives any and all claims against the County of Warren, the WCSO, and any and all sponsors and financial contributors to the Project Lifesaver Program (including, without limitation, Novartis Pharmaceuticals Corporation), including their collective employees, agents and professionals, (the foregoing parties are hereinafter collectively referred to as the "RELEASED PARTIES) from any and all claims, damages, costs, (including attorney's fees) and losses, liability and the like ("CLAIMS") arising from any failure of the Project Lifesaver Locating System equipment or any failure of the WCSO, of whatever sort, kind, or nature regarding the performance and fulfillment of the monitoring, response, and tracing services described in Section 1 above or any other ends for which the AGREEMENT is made.

The RELEASED PARTIES shall not be held responsible for any failure, delay, default, interruption, stoppage, or interference or any other failure of any kind, manner, or nature regarding the performance of the equipment or services under this contract.

_____, the AUTHORIZED REPRESENTATIVE on its/his/her own behalf and on behalf of the Applicant, hereby agrees to release, defend, indemnify and hold harmless the RELEASED PARTIES from any and all CLAIMS whether by AUTHORIZED REPRESENTATIVE or APPLICANT, or on AUTHORIZED REPRESENTATIVE's or APPLICANT's behalf, or by others, even if such claim is false or fraudulent, and regardless of who the parties may be.

_____, the AUTHORIZED REPRESENTATIVE on its/his/her own behalf and on behalf of the Applicant, hereby RELEASES from all liability and waives any and all CLAIMS against the RELEASED PARTY associated with the WCSO in conducting the program involving the use of the Project Lifesaver Locating System equipment and the provision of said services described herein. Such parties named in this paragraph shall be released and held harmless to the full extent and in every manner identified in Section 11 regarding the WCSO.

It is expressly understood and agreed that the releases and wavier of claims set forth in this Section 11 and herein made by the AUTHORIZED REPRESENTATIVE and APPLICANT are a material inducement and are in consideration for this WCSO to enter into this AGREEMENT.

11. The AUTHORIZED REPRESENTATIVE understands and agrees that the WCSO makes no warranties, guarantees, assurances, or promises of any kind as to the effectiveness or success of the tracking services provided herein or of any search or searches undertaken utilizing the Project Lifesaver Locating System or other equipment used during the term of this contract or program.
12. The AUTHORIZED REPRESENTATIVE specifically agrees and promises NOT to rely upon the equipment or services herein for the safety, security, welfare, finding or retrieval of the wearer of the Project Lifesaver Locating System BRACELET.

13. The AUTHORIZED REPRESENTATIVE specifically agrees and understands that the equipment and services provided under this contract may be ineffective and unavailing for the purposes provided.

Therefore, the AUTHORIZED REPRESENTATIVE specifically disclaims any reliance, expectation of success or dependence upon the equipment or services described herein for the health, safety, welfare, finding rescue or retrieval of the person named in Section 1 above.

By signing below, I, the AUTHORIZED REPRESENTATIVE, affirm that I have read and understand this contract, including the waiver and release of liability in Section 11, the limitation of liability in Section 12, and the non-reliance provisions of Section 14 and it is my desire and intention to enter into this AGREEMENT. By affixing my signature below, I hereby agree to the terms and provisions of this contract.

I ACKNOWLEDGE that the information I have provided on the APPLICATION is true and accurate to the best of my knowledge.

I UNDERSTAND that while Project Lifesaver utilizes a global tracking device that aids in locating individuals who wear the BRACELET, there may be times or circumstances when an individual cannot be located due to device malfunction or any other reason. I also agree to assume any and all responsibilities associates with program participation and ongoing equipment maintenance.

I UNDERSTAND that all information I have provided in the APPLCIATION will be shared among the Warren County Sheriff's Office and other appropriate agencies as well as the Police Department in the town where the APPLICANT resides and I understand that none of the information I have provided or provide in the future can be considered confidential or protected.

I have read the Project Lifesaver Program "Contract" and agree to the terms. Furthermore, I hereby represent and warrant that I have full power of authority as the duly AUTHORIZED REPRESENTATIVE of the APPLICANT named in the APPLICATION to register and act on his/her behalf.

AUTHORIZED REPRESENTATIVE

WARREN COUNTY SHERIFF'S OFFICE

Street Address/P.O.Box

City, State, Zip Code

Telephone Number

Dated: _____