

HEALTH AND SAFETY VISIT APPLICATION



The "Health, Safety, and Vacation Check" program is a community service sponsored by the Vacaville Police Department and staffed by volunteers. A group of dedicated volunteers, whose backgrounds have been thoroughly screened, will make residential visits/calls each operating day (currently Monday-~~Saturday~~^{FRIDAY}). All information listed will be kept confidential. If emergency information changes, please notify us as soon as possible.

One stipulation to being a part of this program is that when the applicant will not be home, a call is left on office voice mail by 9:00 a.m. (see "Please Remember" flier).

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Date: _____ Signature of Applicant: _____

Resident Information:

Name: _____	Phone: _____
Additional Residents: _____	
Address: _____	

Check Type of Service Desired:

<input type="checkbox"/> Phone Call Only	<input type="checkbox"/> Level 1 Visit	<input type="checkbox"/> Level 2 Visit
If Level 2, location of key: _____		
Days of week applicant will not be home and does not need visits/calls: _____		

REQUIRED EMERGENCY CONTACT INFORMATION

First Local Emergency Contact:

Name: _____	Phone: _____
Address: _____	
Relationship: _____	Does this person have a key to your residence? _____

Second Local Emergency Contact:

Name: _____	Phone: _____
Address: _____	
Relationship: _____	Does this person have a key to your residence? _____

Family Members Living Nearest You (Not listed above):

Name: _____	Phone: _____
Address: _____	
Relationship: _____	
Name: _____	Phone: _____
Address: _____	
Relationship: _____	

Additional Information (Recommended but Optional):

Date of Birth: _____	Known medical conditions: _____
Doctor's Name: _____	Phone: _____
Hospital _____	
We request that all applicants participate in the Medical Emergency Data System program, "M.E.D.S.", offered by the Vacaville Fire Department. Volunteers will provide a packet.	