



DES PLAINES POLICE VOLUNTEER SAFETY CHECK PROGRAM REGISTRATION FORM

Name _____ Date of Birth _____

Address _____

Home Phone # _____ Other Phone # _____

Physician's Name and Phone # _____

Do you have any medical conditions or concerns that you would like
our staff to be aware of? _____

Hospital Preference _____

Church Name & Address _____

EMERGENCY CONTACTS:

In case of emergency, contact the persons listed below. It is
recommended that you list at least one neighbor and one family
member if possible.

Contact #1

Name & Address _____

Phone # _____

Does this contact person have a key to your home in case of
emergency? Yes † No †

- Please complete other side of this form -

Contact #2

Name & Address _____

Phone # _____

Does this contact person have a key to your home in case of emergency? Yes † No †

Contact #3

Name & Address _____

Phone # _____

Does this contact person have a key to your home in case of emergency? Yes † No †

Would you like our staff to call on you periodically? Yes † No †

How did you hear about this program?

_____ **Newspaper (name of newspaper)** _____

_____ **Cable TV** _____ **Internet** _____ **Other**

For additional information, please call:

**Des Plaines Police Neighborhood Resource Center
1928 E. Touhy Avenue
Des Plaines, IL 60018
(847) 827-2625**

Date of Intake: _____