

"Guardian Angels" Request Form



Name (of person receiving service)				Today's Date	Telephone Number	
Address				ZIP Code	Cross Street / Map Grid	
Start Date			Terminatio	n Date	Beat	
Desired Day	of Visit	MON TUES	WED THU FRI		Preferred Time:	
Requested by: / Relationship				Home Phone	Has Key?	
					Y N	
Address Work Phone					Cell Phone	
Emergency Contact Name/Relationship Home Pho					Has Key?	
Address Work Phone					Cell Phone	
RECIPIENT Information (GENERAL DESCRIPTION OF LIVING SITUATION AND HEALTH) Birth Date (exclude year)						
The state of the s						
DATE	TIME	VIPS's		VIPS COMMENTS		
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			OREG	91		

CENTRAL POINT POLICE DEPARMENT

"Guardian Angel"

WAIVER FORM

As a Guardian Angel Volunteer, we are committed to attempt to visit you periodically to ensure that you are ok and doing well. We listen, if you have concerns or issues, and we will give you the names of organizations that can best help you. At the same time, we respect your right to privacy. We may contact your emergency contact person if I deem it necessary for your health or safety. We will not be responsible for your medication, transportation or your financial needs.

The Guardian Angel program is part of the Central Point Police Department Volunteers in Police Service (V.I.P.S.). This means we have permission from the Central Point Police Department to visit those who fill out the Guardian Angel form. When you fill out the form and sign it, you exempt the Central Point Police Department and the Volunteers in Police Services, from any and all liability, losses, damage or injury related or caused in connection with the above described program.

Name of person receiving visit					
Address_					
Emergency Contact Information:	CITY OF				
Name of Emergency Contact	CENTRAL				
Relationship:	BOINT				
Telephone No	Cell No				
Emergency Contract Address	CINECOL				
Recipient Information:					
Client					
Signature	gnatureDate				
Witness Signature	Date				