

Sagamore Hills Police Department Senior Call Program

11551 Valley View Rd. Sagamore Hills, OH 44067

Application Form

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell or Other Phone: _____

Date of Birth: _____ Age: _____ Ohio Driver's License or ID Number: _____

Emergency Contacts (Family / Neighbors / Friends)

Name: _____ Phone: _____

Address: _____ Key Holder: Yes No

Family/Next of Kin Neighbor Friend

Name: _____ Phone: _____

Address: _____ Key Holder: Yes No

Family/Next of Kin Neighbor Friend

Physician: _____ Phone: _____

General Health/Illnesses: _____

Special Needs: _____

Allergies to Medications: _____

Alarm System? Yes No Alarm Company _____ Key in Lock Box: Yes No

Code to Enter Garage: Yes No If so, Code Number: _____

Comments: _____

In consideration of my participation in the Senior Call Program, I hereby waive and relinquish any and all claims, demands, and/or causes of action whatsoever against the Township of Sagamore Hills and any and all individuals associated with this program, their representatives, successors and assigns. I further waive all claims, demands, and/or causes of actions as above spelled out against any person or persons responding to a call generated by this program. I understand this is a community service provided by the Township of Sagamore Hills and in no way makes the Township or its representatives responsible for my welfare. I also understand this program may be terminated at any time without notice.

Signed: _____ Date: _____