

**GOULDSBORO POLICE DEPARTMENT  
WINTER HARBOR POLICE DEPARTMENT**

**“Sunshine Program” – Senior Wellness Check**

To Whom It May Concern,

The Gouldsboro Police Department and the Winter Harbor Police Department are pleased to offer a free outreach service to senior residents and individuals who live alone within our communities.

The **Sunshine Program** is a simple daily wellness check designed to ensure the safety and well-being of participating residents.

Here is how the program works:

A couple of times each week, between approximately **8:30 AM and 10:30 AM**, a member of our staff will attempt to place a brief telephone call to program participants. The purpose of this call is simply to confirm that everything is okay.

If we are unable to reach a participant during the initial call, a second call will be attempted. If we are still unable to make contact, an officer may be dispatched to the residence to ensure the individual is safe.

This program is **free of charge** and is intended for:

- Senior residents
- Individuals who live alone
- Residents who may benefit from a daily check-in

Participation is completely voluntary and may be discontinued at any time **at your request**.

If you or someone you know would benefit from this service, please visit your local Town Office to fill out an enrollment form.

We appreciate your help in spreading the word about this program so we can continue to support the safety and well-being of our residents.

Sincerely,

**Chief James Malloy**  
Gouldsboro Police Department

**Chief Danny Mitchell**  
Winter Harbor Police Department

**GOULDSBORO POLICE DEPARTMENT  
WINTER HARBOR POLICE DEPARTMENT**

**GOOD MORNING PROGRAM**

**Participant Enrollment Form**

**Date:** \_\_\_\_\_

**Participant Information**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Best Phone Number to reach you at:** \_\_\_\_\_

Do you live alone?

Yes  No

Do you have a hidden key?

Yes  No

If so, where is it located? (This will be kept confidential) \_\_\_\_\_

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**Emergency Contact or Key-Holder**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Nearby Contact and Key-Holder**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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**Medical Information (Optional)**

Primary Care Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Important Medical Conditions / Notes:

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**Program Agreement**

I understand that the Gouldsboro Police Department and Winter Harbor Police Department will attempt to contact me as part of the Good Morning Program. If I cannot be reached, an officer may be sent to my residence to check on my well-being. I consent to an officer entering my home in these circumstances.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_