



SHERIFF'S AUXILIARY VOLUNTEERS OF NAVAJO COUNTY



Pre-Welfare Check Application

Who will we be doing the Pre-Welfare check on? (Resident)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_
Physical address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Cell phone: \_\_\_\_\_ Home/Message phone: \_\_\_\_\_
Email address: \_\_\_\_\_

Person requesting the pre-welfare check be done:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_
Mailing address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Cell phone: \_\_\_\_\_ Home/Message phone: \_\_\_\_\_
Email address: \_\_\_\_\_ Relationship to the resident? \_\_\_\_\_

In case of emergency, please contact:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_
Physical address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Cell phone: \_\_\_\_\_ Home/Message phone: \_\_\_\_\_
Email address: \_\_\_\_\_

Medical conditions: (State any conditions relevant to the pre-welfare checks (I.E. bed bound/wheel chair/walker)

Is the resident on oxygen? \_\_\_\_\_ Is the resident hearing impaired? \_\_\_\_\_
Resident taking medications? \_\_\_\_\_ Is the resident seeing impaired? \_\_\_\_\_
Is the resident immobile? \_\_\_\_\_ Is the resident susceptible to stroke \_\_\_\_\_
Type of mobility apparatus used? \_\_\_\_\_ or heart attack? \_\_\_\_\_
Does the resident have a DNR? \_\_\_\_\_ Is there an emergency call button? \_\_\_\_\_

NOTICE OF PROCESSES: The volunteer will make an in person visual check. If the client is bed bound or cannot answer the door the volunteer will call the client direct for a verbal check while at the home of the client. If the volunteer is not sure of the situation of the resident during their visit, they will contact you first. If the resident is in any noticeable distress, emergency services will be called immediately. NOTE: The Sheriff's Auxiliary Volunteers are not medical services, are not allowed to enter a home OR have key access to the property and are not responsible for any costs associated with the call of emergency services.

Hold Harmless. At any time, the Sheriff's Auxiliary Volunteers of Navajo County, their membership, its Executives, Agencies or General Membership shall not be personally liable by any reason under Arizona State law. The applicant for these services agrees that they nor, resident or emergency contact will make any such accusations of ill will or shall hold the above stated entity of harm. Judgements made by any volunteer performing Pre-Welfare checks are at the sole discretion of the volunteer. I understand by signature below that this service is not a professional medical service and that this service is based upon good samaritan laws of the State of Arizona. The signer agrees that they will hold harmless this organization and will not place any liabilities on them.

I understand the above processes, notifications and hold harmless policies. I agree to the terms of this application by signature below (in print or digital.)

Signature of applicant \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_