



PROJECT LIFESAVER APPLICATION

General Instructions

Upon receipt and review of this application, a member of the Scotland County Sheriff's Office, will make contact with you and arrange a time to meet with the applicant and their parents/caregivers to fit the Project Lifesaver Transmitter bracelet.

Every two months thereafter, your respected assigned Deputy will make contact with you to change out the battery to assure it is a fresh battery. Parents/caregivers are also expected to test the battery each day to assure it is working. Each parent/caregiver will be given a batter tester and you will be shown how to test the applicant's battery each day.

Please also make available, a photo of the applicant. We ask that new photos be updated each fall of the applicant on the Project Lifesaver program to update our databank, so that in the event a search is needed to find the applicant, that photo can be used to contribute in the search and assist the Project Lifesaver Team and other law enforcement agencies.

FOR FURTHER INFORMATION ON SCOTLAND COUNTY PROJECT LIFESAVER, CONTACT:

Scotland County Sheriff's Office
Sheriff Ralph Kersey
212 Biggs Street
Laurinburg NC. 28352
rkersey@scotland county.org
Telephone 910-277-3114

PROJECT LIFESAVER ENROLLMENT APPLICATION

This application should be filled out by the **CAREGIVER** on behalf of the individual, i.e. “Applicant”, who will be enrolled in the Project Lifesaver program.

We have divided the application into three sections – the first section requires information about you, [the **CAREGIVER**], the second section requires information about the individual being enrolled [the **APPLICANT**], and the third section contains liability information and a release which we ask that you read carefully and sign.

As a reminder, all sections [minus those indicated otherwise], are to be filled out by the **CAREGIVER**.

APPLICANT’S NAME: _____
[Name of individual who this application is being made]

DATE TRANSMITTER PLACED IN SERVICE: _____

TRANSMITTER FREQUENCY # _____
[Section to be completed by Project Lifesaver Team Member]

SECTION 1: Caregiver Information

Caregiver’s Name:	Relationship to Applicant:
Caregiver Address:	Caregiver’s Email:
Caregiver’s Home Phone:	Caregiver’s Work Phone:
Caregiver’s Cell Phone 1:	Secondary Cell Phone #:
Caregiver’s Employer:	Employer Address:
Caregiver’s Work Email:	Caregiver’s Work Fax #:

SECTION 1 [CONTINUED]: FAMILY/MEMBER/CAREGIVER INFORMATION

POWER OF ATTORNEY		
Do you have Power of Attorney for the individual you are seeking to enroll in Project Lifesaver? If not, please provide the name, address and telephone number of the individual who does and indicate his/her relationship to the Applicant:		Yes _____ No _____ N/A _____
Name of Individual with Power of Attorney		
Address		
Home Telephone	Work Telephone	Cell Phone
Relationship to the Applicant		

SECONDARY EMERGENCY CONTACT INFORMATION		
Name:		
Relationship to Applicant:		
Address:		
Home Telephone	Work Telephone	Cell Phone
Home Email	Work Email	
Employer:		
Employer Address:		

INVOICE INFORMATION	
Agency or Caregiver:	_____
Contact Person:	_____
Address:	_____
City, State Zip Code:	_____

SECTION II: APPLICANT INFORMATION

Full Legal Name:	Nickname:
Applicant's Address:	Year's/Months at this address:
Applicant's Employer:	Occupation:
Applicant's Employer Address:	Applicant's Employer's Telephone Number:
Applicant's Spouse's Name:	Living _____ Deceased
Applicant's Specific Diagnosis	Date of Diagnosis

List any medications taken regularly, using the correct name and dosage as well as prescribing person:

Consequences of NOT taking medications – Describe:



DIAGNOSING PHYSICIAN INFORMATION

Physician Name	Medical Facility
Telephone	Email
Physician Address, City, State	

Please describe any other health-related problems the Applicant has [attach additional pages if necessary]:

APPLICANT PHYSICAL MAKE-UP

Date of Birth:	Current Age:	Sex: Male _____ Female	
Height: FT In	Weight lbs.	Hair Color	Hair Style
Build:	Eye Color:	Complexion:	False Teeth ___Y___N
Facial Hair:	Beard Sideburns	Mustache	Goatee None
Facial Shape:	Round Oval	Square	Other
Other distinguishing physical characteristics [i.e. Tattoos, Birthmarks, Marks, Scars, etc.];			

SECTION II: APPLICATION INFORMATION CONTINUED:

Language:	Spoken Only: ___Y ___N	Written & Spoken ___Y N
Glasses ___Y ___N	Contacts ___Y ___N	Sunglasses ___Y N
If any of the above are worn, what style:		
What degree of vision does the applicant have without corrective lenses: ___None ___Poor Fair		
Hearing Aid: ___Y N	What Style:	
What degree of hearing does the applicant have without the hearing aids: None Poor Fair		
APPLICANT EXPERIENCE		
Is the applicant familiar with the area Y N	Length of time in the area Years Months Days	
If not local, what other areas are known to the applicant?		
Military Experience Y N	Where	When
Is there any past history of the Applicant becoming lost or wandering from home? Y N		
If "Yes," please describe where the applicant was found:		
If "Yes," please describe the event[s] in detail with dates [attach additional pages if necessary]:		
Does the applicant ever go out alone Y N	Does the applicant stay on trails or roadways Y N	
Is the Applicant drawn to water Y N	Does the Applicant know how to swim Y N	
APPLICANT FAMILY AND FRIENDS [Other people we may contact in an Emergency]		
Name & Relationship	Address	Telephone #'s Home Work Cell
Name & Relationship	Address	Telephone #'s Home Work Cell
Name & Relationship	Address	Telephone #'s Home Work Cell

SECTION II [CONTINUED]: PERSONAL ARTICLES CARRIED BY APPLICANT

Tobacco:	Y	N	Type:	Brand:				
Matches:	Y	N	Lighter:	Y N	Type:			
Candy or Gum:	Y	N	Brand:					
Food items often carried:								
Other items Applicant may carry:								
Does the applicant carry cash	Y	N	Wallet	Y N	Purse	Y N		
Please describe any jewelry, watches, etc. worn by the applicant [including piercings];								
APPLICANT'S PERSONAL HABITS								
Smoke	Y	N	Drink	Y N	Brand of Alcohol/If Any			
Use of illicit drugs	Y	N	Type					
Hobbies/Interest								
Outgoing	Y	N	Quiet	Y N	Likes Groups	Y N	Being Alone	Y N
Religious	Y	N	What religion		What Church			
Is the Applicant Afraid of the following;								
___Water___ People___ Dogs___ Dark___ Other [Describe]								
What action does the applicant take when hurt or injured [cries; shout, strong pain tolerance, etc.]								
Will the Applicant talk to strangers			Is Applicant dangerous to themselves or others					
___Y___N___Non-Verbal			Y N					

SECTION II [CONTINUED]: PLEASE ANSWER THE FOLLOWING QUESTIONS

Does the Applicant remain orientated with time: N	___Y
Please explain:	
Does the applicant recognize familiar people and faces: N	___Y
Please explain:	
Does the Applicant travel to familiar locations: N	___Y
Please explain:	
Does the Applicant have decreased knowledge of current events or tend to relive events in his/her life: N	___Y
Please explain:	
Does the Applicant sometimes cloth himself/herself improperly: N	___Y
Please explain:	
Does the Applicant remember their name or the names of their spouse/relatives: N	___Y
Please explain:	
Does the Applicant suffer from frequent personality/emotional changes: N	___Y
Please explain:	
Does the Applicant suffer from delusions of any sort: N	___Y
Please explain:	
Will the Applicant be afraid of any Emergency Lights/Sirens/Equipment: N	___Y
Please explain:	
Does the Applicant have any sensory issues: N	___Y
Please explain:	

How good is the Applicant's communication ability:				
None	Poor	Fair	Good	Excellent
How does the Applicant communicate:				
_____ Verbal _____ iPad _____ Pictures _____ Sign Language				
_____ Other [please explain				

SECTION III: LIABILITY INFORMATION AND RELEASE

Please read this section carefully and sign prior to submitting this application

I acknowledge that the information, I, the **Caregiver**, have provided in this application is true and accurate to the best of my knowledge.

I understand that acceptance into the Project Lifesaver Program does not replace the need for constant supervised care of the Applicant.

I understand that while Project Lifesaver utilizes electronic tracking technology that aids in locating individuals who wear the bracelet device, there may be times or circumstances when an individual cannot be located due to device malfunction or any other reason. I also agree to assume any/all responsibilities associated with the program participation and on-going unit maintenance.

I understand that all information I have provided in this application will be shared among Project Lifesaver members, the Scotland County Sheriff's Office and other appropriate agencies, as well as the police department where the Applicant resides; and I understand that none of the information I have provided or provide in the future can be considered confidential or protected.

"Indemnified Person" means and includes each of the Scotland County Sheriff's Office, or any other participating governmental agencies, or any other participating organization and each of their respective directors, officers, employees, volunteers and agents.

I understand that Project Lifesaver is a program co-sponsored by the Scotland County Sheriff's Office which may work in collaboration with other private organizations and county agencies from time to time. Any of the co-sponsors can cancel its participation in the program at any time and for any reason. Accordingly, there is no guarantee of the long-term viability of the program; provided, however that the Scotland County Sheriff's is to give a one [1] year prior notice if it intends to terminate its participation in the program [the "One Year Notice Requirement"], unless the program does not receive sufficient funding, in which case the One Year Notice Requirement would not apply.

I understand that Project Lifesaver is a program sponsored by the Scotland County Sheriff's Office, which works in collaboration with other area agencies; and should the Applicant be accepted into the Project Lifesaver Program, he she agrees to release and hold each agency and all their respective personnel, directors, and volunteers harmless

from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that may occur as a result of participation in the Project Lifesaver Program.

I understand that an initial fee of \$350 applies to the purchase of the Project Lifesaver bracelet.

I understand that an annual maintenance fee of \$50.00 applies for battery replacement and a member of the Scotland County Sheriff's Office Project Lifesaver Team must replace the battery every two months during a set appointment.

I hereby represent and warrant that I have full power and authority as the duly authorized representative and **CAREGIVER** of the Applicant named in this application, to register and act on his/her behalf.

Caregiver's Printed Name:	
Caregiver Signature:	Date:
Project Lifesaver Representative:	Date