

Burlington County Project Lifesaver
 Task Force/BCSD
 49 Rancocas Road
 PO Box 6000
 Mount Holly, New Jersey 08060-6000
 Weekday Telephone # 609-265-5785



PROJECT LIFESAVER APPLICATION

This application must be completed by the FAMILY/CAREGIVER of the individual who is to be enrolled in the Project Lifesaver Program. If the Caregiver has Power of Attorney over the applicant, please complete that portion of the application.

Please remember, should your family member or loved one be found missing, immediately call **9-1-1** and request your local law enforcement agency to respond, and request the Project Lifesaver Search Team to respond as well.

Section I - Applicant *(who requires Project Lifesaver transmitter)*

Applicant's Name:						
Street Address:						
Municipality:				Section/Development:		
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Race:	Weight:	Height:	Hair Color:	Eye Color:
Other Distinguishing Marks, Glasses, etc.						
What is Applicant's specific diagnosis?						
Physician's Name Address:				Address:		
Municipality - State				Phone Number:		
Please describe any other health related problems that the Applicant has						
Medications:						
Has the Applicant become lost or wandered from home before? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please list the event(s) and dates:						

Section 2 - Family/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 phone number of the individual who does and indicate his/her relationship to the Applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of Individual with Power of Attorney:	
Address:	
Phone:	
Relationship to Applicant:	

Primary Emergency Contact Information

Name:	
Relationship to Applicant:	
Address:	
Home Phone:	Cell Phone:
Fax:	E-Mail:
Name of Employer:	
Employer's Address:	
Work Phone	E-Mail:

Secondary Emergency Contact Information

Name:	
Relationship to Applicant:	
Address:	
Home Phone	Cell Phone:
Fax:	E-Mail:
Name of Employer:	
Employer's Address:	
Work Phone	E-Mail:

Section 3 - Liability Information & Release

I, _____ (caregiver), hereby certify that the individual (applicant) listed above is a Burlington County resident who is at risk of wandering and being unable to return home unaided. I further certify that I am authorized to act in the name of and on behalf of the applicant. Accordingly, I am requesting that this individual be enrolled in the Project Lifesaver Program being operated by the Burlington County Project Lifesaver Task Force. I understand that no guarantees are made about the task force's ability to locate and safely return a Project Lifesaver participant. I also acknowledge that the Project Lifesaver Burlington County Task Force is under no obligation or legal duty to provide such as a program, and that this service may be terminate at any time.

Further, I hereby hold harmless all members of the Task Force, including the County of Burlington, Burlington County Sheriff's Department, Florence Township, Florence Township Police Department, Palmyra Borough, Palmyra Borough Police Department, and any and all individuals, agencies and governmental units who participate in the Task Force now, or in the future.

I further understand and agree that participation in the Project Lifesaver Program requires me to do the following:

- Provide all information as required on the Applicant Information Form and provide the Project Lifesaver Task Force with timely notification of any changes in this information by contacting the Sheriff's Department Community Services Unit at 609-265-5796.
- Make the Applicant available for monthly maintenance checks of the equipment as requested by the Burlington County Sheriff's Department or local law enforcement agency providing the maintenance services.
- Immediately notify the Sheriff's Department Community Services Unit at 609-265-5796 if the equipment becomes damaged or lost or appears at any time not to be in working condition.
- In the event that the applicant under my care becomes lost or missing while in Burlington County, I will immediately notify the Project Lifesaver Task Force and the local law enforcement agency by calling **9-1-1**. I will request that the 9-1-1 operator summon assistance from the local law enforcement agency, as well as notify the Project Lifesaver Task Force of the situation and the need for them to respond. If I leave the applicant in the care of others, I will ensure that they know the procedures to be followed I the event the applicant is missing.
- In the event that the applicant under my care becomes lost or missing while outside of Burlington County, I will notify the local law enforcement agency by dialing 9-1-1, and request assistance in locating the applicant.

I will further advise them that the applicant participates in the Burlington County Project Lifesaver Task Force Program. I realize that there is no guarantee that a Task Force Unit will respond outside of Burlington County, but understand that the Task Force will make an effort to notify the nearest jurisdiction participating in the national Project Lifesaver network and request their assistance. I will ensure that any other persons entrusted with the care of the applicant know and will follow all of the aforementioned procedures.

- I further agree to comply with any other procedures instituted by the Burlington County Project Lifesaver Task Force throughout the duration of the applicant's participation in this program.
- I understand that the Burlington County Project Lifesaver Task Force has the right to end this program at anytime and/or remove this applicant from the program without notice or cause.
- If the client in my care uses any equipment belonging to the Burlington County Project Lifesaver Task Force, in the event that the applicant no longer needs the equipment, I will return same to the Sheriff's Department Community Services Unit, 49 Rancocas Road, Mount Holly, New Jersey in a timely fashion

I will purchase a Project Lifesaver bracelet and accessories as needed, including monthly replacement batteries and wristbands.

I am unable to purchase the necessary Project Lifesaver items, and wish to borrow equipment, including batteries and wristbands, from the Project Lifesaver Task Force. I hereby certify that the applicant's annual income is: \$ _____ and that including the applicant, there are _____ number of persons in the applicant's household. I further certify that the applicant is unable to obtain the needed equipment through other means.

I hereby certify that the foregoing information is true to the best of my knowledge, and that I am subject to punishment under the law for any material misstatement of fact.

Print Name of Caregiver

Date

Signature of Caregiver

Print Name of Witness

Date

Signature of Witness