

CENTRAL POINT POLICE DEPARTMENT

“Guardian Angel”

WAIVER FORM

As a Guardian Angel Volunteer, we are committed to attempt to visit you periodically to ensure that you are ok and doing well. We listen, if you have concerns or issues, and we will give you the names of organizations that can best help you. At the same time, we respect your right to privacy. We may contact your emergency contact person if I deem it necessary for your health or safety. We will not be responsible for your medication, transportation or your financial needs.

The Guardian Angel program is part of the Central Point Police Department Volunteers in Police Service (V.I.P.S.). This means we have permission from the Central Point Police Department to visit those who fill out the Guardian Angel form. When you fill out the form and sign it, you exempt the Central Point Police Department and the Volunteers in Police Services, from any and all liability, losses, damage or injury related or caused in connection with the above described program.

Name of person receiving visit _____

Address _____

Emergency Contact Information: _____

Name of Emergency Contact _____

Relationship: _____

Telephone No. _____ Cell No. _____

Emergency Contact Address _____

Recipient Information: _____

Client Signature _____ Date _____

Witness Signature _____ Date _____