



Operation Blue Angel Application

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ Middle Initial: ___ Suffix: _____

Home Address _____

City: _____ State: _____ Home Phone: _____

Other Phone #: _____ Date of Birth: _____

REASON FOR APPLICATION:

- I am 55 years of age or older and live alone or am alone on a frequent basis.
- I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent basis.
- I am a person with a developmental disability or mental illness.
I am a person who suffers from Dementia, Alzheimer's or similar condition.

DESCRIBE THE REASON FOR YOUR APPLICATION:

Doctor's Name: _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Address: _____

Home Address: _____

Home Number: _____

Home Number: _____

Cell Number: _____

Cell Number: _____

LIVINGWILL INFORMATION:

Do you have a living will or Do Not Resuscitate (DNR) Form? Yes No

If yes, where is it located? _____

LIABILITY RELEASE:

In consideration of my participation in *Operation Blue Angel*, the undersigned, to the fullest extent permitted by law, hereby agrees on behalf of the undersigned the undersigned and the undersigned's heirs and representatives, to release, indemnify and hold harmless the Township of East Brunswick and their respective employees, officers, and agents from and against any and all claims, suits, judgments, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in Operation Blue Angel. The undersigned acknowledges and agrees that the undersigned's participation in Operation Blue Angel is voluntary and that said program is being offered only as a courtesy. I also understand and agree that Operation Blue Angel is not intended to nor does it in any way whatsoever create or impose a special duty on the East Brunswick Police Department or East Brunswick Township and their respective employees, officers, and agents regarding the undersigned's safety or well-being of person or property.

Program Participant (Please Print)

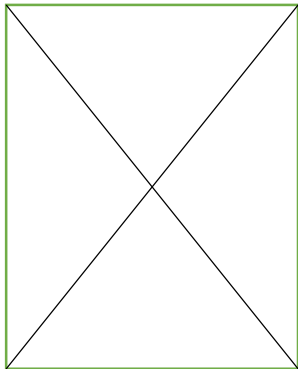
Program Participant or Legal Guardian (Please Print)

Signature of Program Participant

Signature of Program Participant or Legal Guardian

Date: _____

Please attach a photograph of the person who is the subject of this application:



For additional questions regarding this application contact the Community Policing Office at 732-390-6938.

Please return completed applications to:

**East Brunswick Police Department Project 18/Community Policing Unit
1 Jean Walling Civic Center Drive
East Brunswick, NJ 08816**

INTERNAL USE ONLY:

Entered in LAWSOFT

Logged with Watch Commander