

Sussex County Sheriff's Office

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Project Lifesaver Enrollment Package

Instructions:

Thank you for downloading the Project Lifesaver Enrollment Package. In order to make the enrollment process manageable, this package includes our **enrollment application** and our **contract**.

This package is a fillable form which means that you will be able to complete it on your computer utilizing Adobe Reader. When you finish filling it out, you can save the completed package to your hard drive and/or print it out or e-mail it as an attachment to the sheriff's office.

It is not required that this be completed electronically—you can print it out and fill it in with a pen but we recommend doing it on your computer, if possible, regardless of whether you intend to submit it via e-mail. Fillable forms make it possible to cut down on the amount of time and effort it takes to complete a form because whenever you are asked to provide a piece of information that is requested multiple times within the package, those other instances will be auto-filled with the data you provide the first time. For example, when you provide the Applicant's name at the beginning of the enrollment application, any other field seeking that same information will be automatically filled out.

The **enrollment application** should be filled out by the family member/caregiver (the **Authorized Representative**) on behalf of the individual who will be enrolled in the Project Lifesaver program (the **Applicant**). Providing this detailed information in advance of any need ensures an efficient and speedy response by search management personnel. Please be as complete and thorough as possible.

The **contract** should also be completed by the **Authorized Representative**. If you are completing this document on your computer, most of the fields in the contract will already be filled in using information you provided in the enrollment application. The contract is not executed nor is it binding until it has been countersigned by a representative of the Sussex County Sheriff's Office. Consequently, please be sure to read the contract but do not sign it until your meeting with the program administrator.

E-mail submissions:

If you are submitting this completed document via e-mail, please send it to jgray@sussexcountysheriff.com.

Postal mail submissions:

Once you have printed out this document, please send it to the attention of Sgt. John Gray at the address indicated at the top of this page.

Upon receipt, the sheriff's office will review your enrollment application and if approved, you will be contacted to schedule a date and time for the program administrator to meet with you and your family. At that meeting, the contract will be signed, the bracelet will be installed and the caregiver will receive instruction about the equipment and how to test it daily.

This application is divided into three sections—the first section requires information about you, the **Authorized Representative**. The second section seeks additional emergency contact information (you are the primary contact person). The last section of the application is where you are asked to provide in-depth information about the individual being enrolled, the **Applicant**. Remember, all sections are to be filled out by you, the **Authorized Representative**.

Applicant's Name:	Adult Juvenile
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Section 1: Authorized Representative Information		
As the authorized representative, you will also serve as the primary contact person .		
Name:		
Relationship to Applicant:		
Address:		
Home phone:	Cell phone:	Other phone:
E-mail:		
Name of employer:		
Employer's address:		
Work phone:		

Section 2: Secondary Emergency Contact Information		
If an emergency arises and we are unable to reach the authorized representative, we will contact the individual you designate below. Please also provide contact information for two additional people that the Applicant may contact.		
Name:		
Relationship to Applicant:		
Address:		
Home phone:	Cell phone:	Other phone:
E-Mail:		
Name of employer:		
Employer's address:		
Work phone:		
Additional Friends/Family Contact Information		
Additional Contact #1	Additional Contact #2	
Name:	Name:	
Relationship to Applicant:	Relationship to Applicant:	
Address:	Address:	
Home phone:	Home phone:	
Cell phone:	Cell phone:	
Work phone:	Work phone:	

Applicant's Name:	Adult Juvenile
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Section 3: Applicant Information
 Please provide information about the person you are enrolling in Project Lifesaver. This enrollment application is being utilized for both adult and juvenile enrollees so some questions will not apply to your situation.

Medical Diagnosis

Applicant's specific diagnosis?
 When was this diagnosed?

Address/Location Information

Home address:

Phone:	Years living at this address:
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If the Applicant resides in a facility, please provide the following information:

Facility name:

Address:

Phone:	Years living at this address:
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If the Applicant attends a school or day program, please provide the following information:

School/Program:

Address:

Phone:	Contact name at this location:
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Days/Hours attends:

Personal Data

Date of birth:	Current age:	Sex:	Male	Female	Race:
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Nickname(s):

Most recent place of work:

Most recent occupation:

Name of spouse:	Living	Deceased
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Does the Applicant understand English? Yes No

If the Applicant does not understand English, what language is understood?

Spoken word only Written and spoken

Physical Description

Height:	Weight:	Build:
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Hair color:	Hair style:
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Complexion:	Facial hair:
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Eye color:	False teeth: Yes No
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Distinguishing marks/scars/tattoos:

Shape of facial features: Round Square Oval Other:

Applicant's Name:	Adult Juvenile
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Section 3: Applicant Information				
Please provide information about the person you are enrolling in Project Lifesaver. This enrollment application is being utilized for both adult and juvenile enrollees so some questions will not apply to your situation.				
General appearance:				
Does the Applicant wear glasses? Yes No Contacts? Yes No Sunglasses? Yes No				
If yes to any of the above, what style?				
If the Applicant wears corrective eyewear, what degree of vision does he/she have without the eyewear?				
None Poor Fair				
Does the Applicant wear a hearing aid? Yes No				
If yes...				
...what style?				
...what type of hearing does he/she have without the hearing aid? None Poor Fair				
Health/Mental Health/Behavioral Information				
Physician's name:		Physician's phone number:		
Physician's address:				
Any other health/medical related issues?				
Any known physical handicaps?				
Medications taken regularly?				
Consequences of NOT taking medications?				
Any mental health problems? Yes No				
Nature:				
Does the Applicant remain oriented to time and person? Yes No				
Explain:				
Does the Applicant have decreased knowledge of current events or tend to re-live events in his/her life? Yes No				
Explain:				
Does the Applicant know his/her name? Yes No				
Would the Applicant respond if being called out to by his/her name? Yes No				
Would the Applicant attempt to or have the ability to communicate if lost or hurt? Yes No				
How would he/she do this?				
How would you rate the Applicant's overall ability to communicate? Poor Fair Good Excellent				
What name does the Applicant call the family member or friend with whom they have the closest emotional attachment?				
Name:		Relationship to Applicant:		
Does the Applicant recognize familiar persons and faces? Yes No				
Does the Applicant sometimes dress himself/herself improperly? Yes No				
How will the Applicant react if approached by a uniformed officer?				
Explain:				

Applicant's Name:	Adult Juvenile
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Section 3: Applicant Information
 Please provide information about the person you are enrolling in Project Lifesaver. This enrollment application is being utilized for both adult and juvenile enrollees so some questions will not apply to your situation.

Does the Applicant have a fear of people dogs horses noises shouting anything else?
 Explain:

Do you have any suggestions for approaching Applicant and/or de-escalation techniques?

Behavioral Information

Are the Applicant's sleep patterns irregular? Yes No
 Explain:

Can the Applicant travel on his/her own to familiar or favorite locations? Yes No
 Where:

Are there any locations that have a special or significant attraction to the Applicant? Yes No
 Where:

If there were any prior instances of wandering, where was the Applicant found?
 Location:

When outside, would the Applicant mostly stay on paths or roadways? Yes No
 Would the Applicant wander into the woods? Yes No During the...? Day Night Both

Please provide the names and addresses of people the Applicant may head toward:

Personal Items

Does the Applicant like to carry any personal items, sentimental items, toys, purse, etc.? Yes No
 Explain:

Tobacco products: Yes No Type:
 Matches or lighter: Yes No

Candy/gum/food items: Yes No
 Explain:

Description of any jewelry/watch worn:

Cane/walker: Yes No Other:

Pocketknife, survival tools, etc.:

Other items:

Approximate amount of cash on hand? \$

Applicant's Name:	Adult Juvenile
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Section 3: Applicant Information									
Please provide information about the person you are enrolling in Project Lifesaver. This enrollment application is being utilized for both adult and juvenile enrollees so some questions will not apply to your situation.									
Personality/Habits/Interests									
Military experience?	Yes	No	Where?			When?			
Hobbies/interests:									
General athletic interest/abilities:									
Demeanor:	Outgoing	Quiet	Prefers:	Groups	Being alone	Talks to strangers:	Yes	No	
Has the Applicant ever been in trouble with the law?				Yes	No	For what?			
Religious?	Yes	No	What faith?			Attends regularly?	Yes	No	
What does the Applicant value most?									
Where was the Applicant born and raised?									
Is the Applicant DANGEROUS to himself/herself or others?					Yes	No			
Does the Applicant suffer from frequent personality and/or emotional changes?						Yes	No	Explain:	
Does the Applicant suffer from delusions (see imaginary visitors or friends, talk to his/her own reflection in the mirror, imagine that his/her spouse is an imposter, etc.)?							Yes	No	Explain:
Additional relevant information about the Applicant:									

THIS AGREEMENT is made this _____ day of _____, 20 _____, by
and between the **SUSSEX COUNTY SHERIFF'S OFFICE** (hereinafter the "SCSO"), and
_____ (AUTHORIZED REPRESENTATIVE) whose
address is _____ for
_____ (APPLICANT).

WHEREAS, the SCSO serves the community through the efforts of volunteer members who perform benevolent, humanitarian, and charitable services, principally air and ground search and rescue and disaster relief; and,

WHEREAS, the SCSO is undertaking a program for search and rescue using electronic signaling devices as an aid in searching for lost persons who suffer in one form or other from diminished mental capacity or other disability; and,

WHEREAS, the SCSO is under no legal or other duty to provide such a search system to persons suffering from such diminished capacity or disability; and,

WHEREAS, the SCSO does not act as an agent, representative, or surrogate for any other person, body, or legal entity in undertaking the program, and neither obligates nor is able to obligate any other person, body, or legal entity by undertaking such program; and,

WHEREAS, the AUTHORIZED REPRESENTATIVE named herein is empowered, able, and authorized to act in the name of and on behalf of the person named in Section 1 below; and,

WHEREAS, the AUTHORIZED REPRESENTATIVE desires to participate for the benefit of the person named in Section 1 below in the program being undertaken:

THEREFORE:

IN CONSIDERATION OF THE MUTUAL PROMISES MADE HEREIN, the above parties agree:

1. The SCSO agrees to furnish to the AUTHORIZED REPRESENTATIVE named above for the use and benefit of _____ (APPLICANT), a Project Lifesaver Locating System consisting of a wrist band transmitter (BRACELET) or its equivalent together with monitoring, response and tracking services appropriate and necessary for the use of such equipment.
2. The monthly maintenance fee of \$10.00, payable to the SCSO on or before the 10th (tenth) day of each month, **is being waived at this time.**
3. It is the duty of the AUTHORIZED REPRESENTATIVE to immediately notify the SCSO's Communications Center in the event the APPLICANT is discovered missing from the AUTHORIZED

REPRESENTATIVE'S care or the care of any school, day program or facility in which the APPLICANT attends or resides.

4. In the event that the Project Lifesaver Locating System BRACELET is no longer needed by the APPLICANT, the SCSO is to be notified immediately so that said BRACELET can be removed and the APPLICANT will be removed from the Project Lifesaver Program.
5. If the Project Lifesaver Locating System BRACELET is lost and all attempts by the SCSO to locate the BRACELET have been exhausted, the AUTHORIZED REPRESENTATIVE shall reimburse the SCSO the cost of said BRACELET.
6. It is expressly understood and agreed that the SCSO and/or designated agency is responsible for the routine maintenance of the Project Lifesaver Locating System equipment provided hereunder; however, the SCSO and/or designated agency is NOT responsible in any respect for technical failure due to manufacturing or material defects of the equipment provided. The APPLICANT and AUTHORIZED REPRESENTATIVE agree to cooperate with the SCSO and/or designated agency to facilitate routine maintenance. Should the APPLICANT and/or AUTHORIZED REPRESENTATIVE fail to cooperate with the terms of routine maintenance, the contract may be terminated.
7. It is expressly understood and agreed that the SCSO makes no warranties of any kind with regard to the equipment described herein, the operation or effectiveness of the equipment described herein, the fitness or suitability of the equipment described herein for a particular purpose, or the merchantability of the equipment described herein. In addition, the SCSO is not responsible for any failure of the telephone pager system used for emergency messages or alerts. Telephone systems and pager systems fail to perform or underperform from time to time. The SCSO make no warranties of any kind with regard to telephone or pager systems used in the program. In the event of failure of the Project Lifesaver Locating System equipment described herein, the SCSO will attempt to replace or repair such equipment at its option, upon being notified of the need for such service.
8. It is understood that the SCSO shall retain all title and interest in said equipment, and in no way does the AUTHORIZED REPRESENTATIVE or APPLICANT acquire any title in said equipment.
9. Except as otherwise provided in Section 6 above, this agreement may be terminated at the option of either party upon thirty (30) days written notice to the other party.
10. The AUTHORIZED REPRESENTATIVE expressly acknowledges and agrees that the Project Lifesaver Locating System equipment is NOT intended to replace the care, monitoring, attention, and oversight to be provided by the AUTHORIZED REPRESENTATIVE to the APPLICANT. The AUTHORIZED REPRESENTATIVE, on behalf of the APPLICANT, accepts the use of the Project Lifesaver Locating System equipment and the services described above with the understanding that the Project Lifesaver Locating System equipment and services are intended to be merely an additional and ancillary (supplemental) tool providing an extra means of locating the APPLICANT in the event that the APPLICANT is discovered missing.

11. NOTICE: READ SECTION 11 VERY CAREFULLY! DO NOT SIGN THIS CONTRACT UNLESS YOU UNDERSTAND THIS SECTION. SECTION 11 WAIVES IMPORTANT LEGAL RIGHTS AND CLAIMS. IT IS RECOMMENDED THAT YOU CONSULT YOUR OWN ATTORNEY BEFORE SIGNING THIS CONTRACT.

_____, the AUTHORIZED REPRESENTATIVE, on its/his/her own behalf and on behalf of the APPLICANT, hereby **releases** from all liability and waives any and all claims against the County of Sussex, the SCSO, and any and all sponsors and financial contributors to the Project Lifesaver Program (including, without limitation, Novartis Pharmaceuticals Corporation), including their collective employees, agents and professionals, (the foregoing parties are hereinafter collectively referred to as the "Released Parties") from any and all claims, damages, costs (including attorneys' fees) and losses, liability and the like ("Claims") arising from any failure of the Project Lifesaver Locating System equipment or any failure of the SCSO, of whatever sort, kind, or nature, regarding the performance and fulfillment of the monitoring, response, and tracking services described in Section 1 above, or any other ends for which this agreement is made.

The Released Parties shall not be held responsible for any failure, delay, default, interruption, stoppage, or interference or any other failure of any kind, manner, or nature regarding the performance of the equipment or services under this contract.

_____, the AUTHORIZED REPRESENTATIVE, on its/his/her own behalf and on behalf of the Applicant, hereby agrees to release, defend, indemnify and hold harmless the Released Parties from any and all Claims whether by AUTHORIZED REPRESENTATIVE or APPLICANT, or on AUTHORIZED REPRESENTATIVE'S OR APPLICANT'S behalf, or by others, even if such claim is false or fraudulent, and regardless of who the parties may be.

_____, the AUTHORIZED REPRESENTATIVE, on its/his/her own behalf and on behalf of the Applicant, hereby releases from all liability and waives any and all claims against the Released Parties associated with the SCSO in conducting the program involving the use of the Project Lifesaver Locating System equipment and the provision of said services described herein. Such parties named in this paragraph shall be released and held harmless to the full extent and in every manner identified in Section 11 regarding the SCSO.

It is expressly understood and agreed that the releases and waiver of claims set forth in this Section 11 and herein made by the Authorized Representative and Applicant are a material inducement and are in consideration for the SCSO to enter into this Agreement.

- 12. Liquidated Damages and Limitation of Liability:** In any lawsuit under this contract, the maximum liability under any circumstances of the SCSO, and any other person(s) and/or entity(s) named in Section 11 shall be limited to the amounts of the monthly maintenance fee already paid by the AUTHORIZED REPRESENTATIVE to the SCSO.
- 13.** The AUTHORIZED REPRESENTATIVE understands and agrees that the SCSO makes no warranties, guarantees, assurances, or promises of any kind as to the effectiveness or success of the tracking services provided herein, or of any search or searches undertaken utilizing the Project Lifesaver Locating System or other electronic equipment used during the term of this contract or program.

14. The AUTHORIZED REPRESENTATIVE specifically agrees and promises NOT to rely upon the equipment or services herein for the safety, security, welfare, finding, or retrieval of the wearer of the Project Lifesaver Locating System bracelet.
15. The AUTHORIZED REPRESENTATIVE agrees and understands that the equipment and services provided under this contract may be ineffective and unavailing for the purposes provided. Therefore, the AUTHORIZED REPRESENTATIVE specifically disclaims any reliance, expectation of success or dependence upon the equipment or services for the health, safety, welfare, finding rescue, or retrieval of the person named in Section 1 above.

By signing below, I, the AUTHORIZED REPRESENTATIVE, affirm that I have read and understand this contract, including the waiver and release of liability in Section 11, the limitation of liability in Section 12, and the non-reliance provisions of Section 14, and that it is my desire and intention to enter into this agreement. By affixing my signature below, I hereby agree to the terms and provisions of this contract.

I ACKNOWLEDGE that the information I have provided on the APPLICATION is true and accurate to the best of my knowledge.

I UNDERSTAND that while Project Lifesaver utilizes a global tracking device that aids in locating individuals who wear the BRACELET, 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 program participation and ongoing equipment maintenance.

I UNDERSTAND that all information I have provided in the APPLICATION will be shared among the SCSO and other appropriate agencies, as well as the police department in the town 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.

I have read the Project Lifesaver Program "Contract" and agree to the terms. Furthermore, I hereby represent and warrant that I have full power of authority as the duly AUTHORIZED REPRESENTATIVE of the APPLICANT named in the APPLICATION, to register and act on his/her behalf.

AUTHORIZED REPRESENTATIVE:

SUSSEX COUNTY SHERIFF'S OFFICE:

Signature

Signature

Date

Date