

CAPE COD'S WANDERER PROGRAM
REGISTRATION FORM

PLEASE PRINT CLEARLY

RESIDENT'S INFORMATION

Last Name: _____ First: _____

Nick Name: _____

Street Address: _____ Town: _____

Home Telephone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Gender: _____ Does Resident Live Alone: _____

Race: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Hair Style: _____ Facial Hair: _____

Skin Markings (Tattoos, Scars): _____

Relevant Medical Info: Cognitive Impairment Non-Verbal Deaf Blind Diabetic

Other: _____

Does the Resident Drive or have access to a Vehicle?: Yes No **if yes, provide vehicle(s) information below**

Make & Model: _____ Year: _____ Color: _____ Plate #: _____

Make & Model: _____ Year: _____ Color: _____ Plate #: _____

Current/Former School or Employer: _____

Favorite Places of Interest: _____

Behaviors that may catch the attention of responders: _____

Preferred communication method, verbal or non-verbal (words, sounds, song or phrase they may respond to): _____

Any other identifying information: _____

Is Resident enrolled in any other Locating Program: _____

This program is funded by the Yarmouth Police Foundation.

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EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____ Relationship: _____

Home Telephone: _____ Cell Phone: _____
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Emergency Contact #2: _____ Relationship: _____

Home Telephone: _____ Cell Phone: _____
.....

Primary Care Physician: _____ Telephone #: _____

AUTHORIZATION

Your right to privacy is very important. We only collect information that you knowingly supply to us through e-mail, form completions, or telephone conversations. All information provided is protected against unauthorized access or release. The Police Departments are the only ones to maintain the information provided and it WILL NOT be shared. We do not sell, rent, or loan any identifiable personal information to any third party. Information is only released if we are required to do so legally.

Resident's Signature: _____

I _____ am authorized to provide the above information.

PRINT NAME

Relationship to Resident: _____ Phone Number: _____

Signature: _____ Date: _____

PLEASE PROVIDE A CURRENT PHOTO OF INDIVIDUAL