



Communications Section

CITY OF VENICE POLICE DEPARTMENT

TOM MCNULTY * Police Chief



SAFE PROGRAM (Senior Assistance Freedom Enrichment) INDEPENDENT LIVING WITH A HELPING HAND

NAME _____ PHONE# _____
ADDRESS _____

YOUR EMERGENCY CONTACT:

NAME _____ PHONE# _____
ADDRESS _____

LOCAL KEY HOLDER / CARE TAKER:

NAME _____ PHONE# _____
ADDRESS _____
KEY LOCATION _____

NEAREST RELATIVE:

NAME _____ PHONE# _____
ADDRESS _____

**VEHICLE IN DRIVE: YES / NO - IF YES PLEASE LIST THE COLOR, MAKE, TAG#
ALONG WITH THE STATE THE VEHICLE IS REGISTERED IN.**

**DO YOU HAVE A DNR? YES / NO - IF YES. WE ASK THAT IT IS PROMINENTLY
DISPLAYED.**

ANY HEALTH ISSUES THAT YOU WANT US TO BE AWARE OF: YES / NO

I understand the SAFE Program is a voluntary program and agree to receive a call from the Venice Police Department daily between the hours of 8:00am – 11:00am to advise of my status. If no contact is made, an officer will then respond to my residence to check on my welfare. I hereby release the Venice Police Department from any responsibility due to property damage, if the situation arises and forcible entry needs to be made to my home.

Signature of Applicant: _____