



Communications Section

# CITY OF VENICE POLICE DEPARTMENT

CHARLIE THORPE ★ Police Chief



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

**APPLICANT:**

Name:

Phone Number:

Address:

**YOUR EMERGENCY CONTACT:**

Name:

Phone Number:

Address:

**LOCAL KEY HOLDER / CARE TAKER:**

Name:

Phone Number:

Address:

Key Location

**NEAREST RELATIVE:**

Name:

Phone Number:

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 be contacted by the Venice Police Department daily between the hours of 8:00am – 11:00am. In the event that no contact is made, I understand that 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: \_\_\_\_\_