



Enrollment Application Form

Last Name _____ First _____ MI _____

Street Address _____

Apt Bldg Name/# _____

City _____ State _____ Zip _____

Phone: (____) _____ Cell phone: (____) _____

Desired Call Time: (circle one) 7 8 9 10 AM

Do You Have an Answering Machine? YES or NO

Doctor's Name _____ Phone _____

Do you attend any Senior Centers? (circle one) YES or NO

If yes, Name of Center / Phone# _____

Are there certain days you attend the Senior Center or any other pre-planned activity?

Please list in order of preference, the names of who would you like us to contact in case of emergency:

First Contact:

Name _____

Address _____

1st Phone (H/C/W) _____ **2nd Phone (H/C/W)** _____

E-mail Address: _____

Second Contact:

Name _____

Address _____

1st Phone (H/C/W) _____ **2nd Phone (H/C/W)** _____

E-mail Address: _____

Third Contact:

Name _____

Address _____

1st Phone (H/C/W) _____ **2nd Phone (H/C/W)** _____

E-mail Address: _____

RELATIVES: Please include how you are related.

Name _____

Address _____

1st Phone (H/C/W) _____ 2nd Phone (H/C/W) _____

Relationship: _____

E-mail Address: _____

Name _____

Address _____

1st Phone (H/C/W) _____ 2nd Phone (H/C/W) _____

Relationship: _____

E-mail Address: _____

Name _____

Address _____

1st Phone (H/C/W) _____ 2nd Phone (H/C/W) _____

Relationship: _____

E-mail Address: _____

Do you keep a key hidden outside the home? YES or NO

Where is the key hidden? _____

KEY HOLDERS:

Name _____

Address _____

1st Phone (H/C/W) _____ 2nd Phone (H/C/W) _____

E-mail Address: _____

Name _____

Address _____

1st Phone (H/C/W) _____ 2nd Phone (H/C/W) _____

E-mail Address: _____

Do you have any Pets? YES or NO What type of pet and where is the pet located? _____

Live Alone? YES or NO If no, who lives with you? _____

Are you able to walk? YES or NO

List any Physical Impairments. _____

Date of Birth: _____

Hospital Choice: _____

Vehicle Make: _____ **Model:** _____

Year: _____ **Color:** _____

Where do you park the Vehicle? _____

Do you drive? _____

Special Instructions or Notes:

Release and Waiver

I, _____, hereby

(PLEASE PRINT)

release and forever discharge New Castle County Government (the “County”), its heirs, executors, administrators, agents and assigns, from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever as it relates to my participation in the Senior Roll Call Lifeline Program.

Signature

Date

Signature

Date

(Your signature is required as a Senior Roll Call Lifeline member)

Please sign and return these forms to:
New Castle County Police Department
c/o Senior Roll Call Lifeline Program
3601 N. DuPont Hwy
New Castle, DE 19720