

Calimesa Police Department

Served by the Riverside County Sheriff's Department



YOU ARE NOT ALONE (Y.A.N.A)

APPLICATION / WAIVER FORM

The Participant/applicant by his/her own accord or through his/her legal guardian hereby requests to be enrolled in the Calimesa Police Department's *You Are Not Alone* (YANA) program which is a free "check-on" service for the residents of the City of Calimesa with limited family or community contacts and/or assistance.

- As staffing permits, a Calimesa Citizens on Patrol (CCOP) member will contact the Participant a minimum of one day each week for the purpose of doing an in person or by telephone wellbeing check.
- Situations observed by a CCOP member in connection with the Participant's participation in the program that alludes to possible criminal conduct, abuse or neglect will be reported immediately to the Calimesa Police Department.

The Participant by his/her own accord or through his/her legal guardian identified on the application has applied for this voluntary, no cost, public service program, and hereby acknowledges and agrees to the following:

- The Participant and/or legal guardian must verify the accuracy of all information provided on the application.
- The Participant and/or legal guardian are responsible for providing updates to information contained in the application throughout his/her participation in the program as changes occur.
- The Participant and/or legal guardian is responsible for providing prior notification to the CCOP by telephoning (909) 795-0054 and speaking to a CCOP member or by leaving a recorded message of the dates the Participant will not be in the residence to respond to a telephone or in person check.
- If a Participant wishes to terminate participation in the YANA program, he/she or a legal guardian is responsible for providing written notification to:

CALIMESA CITIZENS PATROL
CALIMESA CITY HALL
908 PARK AVENUE,
CALIMESA, CA 92320

- *Calimesa Citizens on Patrol member(s) or members of the Calimesa Police Department will not provide any medical assistance, service or advice; travel or transportation assistance; labor; or financial assistance to Participant as part of, or independent of, the YANA program. Any such needs remain the responsibility of the Participant, his/her legal guardian or caregiver.*
- Due to the Participant's participation in the YANA program, the City of Calimesa, the Calimesa Police Department (Riverside County Sheriff's Department), the Calimesa Citizens on Patrol, and any of the members, employees and volunteers of any of these entities, may be provided emergency contact information and certain health information by the Participant or his/her legal guardian either as listed in the application or as disclosed during the course of the Program. Such health information may qualify as protected health information (PHI) under the HIPAA (Health Insurance Portability and Accountability Act) Privacy Rule. The Participant hereby consents and permits the City of Calimesa, the Calimesa Police Department (Riverside County Sheriff's Department), the Calimesa Citizens on Patrol, and any of the members, employees and volunteers of any of these entities, to use, disclose, or discuss this information with Participant, his/her legal guardian, the referenced emergency contacts or any emergency medical personnel as necessary to perform the services referenced herein.
- The Participant and/or his/her legal guardian consent to all aspects of the YANA service including, if necessary, consenting to entry into the Participant's residence to complete a wellbeing check, and summoning of emergency medical assistance. The City of Calimesa, the Calimesa Police Department (Riverside County Sheriff's Department), the Calimesa Citizens on Patrol and any of the members, employees and volunteers of any of these entities shall not be responsible for any damages to the Participant's residence caused by entry to Participant's residence. Likewise, the City of Calimesa, the Calimesa Police Department (Riverside County Sheriff's Department), the Calimesa Citizens on Patrol members, employees and volunteers shall not be responsible for the cost of any emergency or subsequent medical care when emergency medical assistance is summoned by the CCOP or Calimesa Police Department.
- The Calimesa Police Department, may, in its sole discretion, with or without cause, terminate the YANA Program or Participant's participation in the YANA Program at any time.
- The Participant understands and acknowledges that technical problems, scheduling problems, human error, holiday(s) or other problems may result in failure to make contact with the Participant on any given day or may result in the failure of the YANA Program at any time.
- The City of Calimesa, the Calimesa Police Department, and the CCOP do not represent, warrant or guarantee that the YANA program will protect or preserve the health or welfare of the Participant.

I, the undersigned, hereby acknowledge and agree to hold harmless, indemnify, and defend the City of Calimesa, the Calimesa Police Department (Riverside County Sheriff's Department), the Calimesa Citizens on Patrol, and any of the officers, agents, boards, departments, members, employees, and volunteers of any of these entities, from and against any and all actions or causes of action occurring or arising as a result of Participant's participation in the Program and activities in connection therewith wherever or however the same occur, including but not limited to, claims of other parties claiming financial interest in the Participant residence or estate. I do release, waive, discharge, and relinquish any action or cause of action, which may hereafter arise from participation in the YANA Program.

IT IS THE INTENTION OF THE UNDERSIGNED TO, BY THIS INSTRUMENT, WAIVE AND RELEASE THE CITY OF CALIMESA, THE CALIMESA POLICE DEPARTMENT, THE CALIMESA CITIZENS ON PATROL PROGRAM AND THE RELATED INDIVIDUALS AND PARTIES MENTIONED HEREIN, FROM LIABILITY FOR ANY AND ALL LOSSES, DAMAGES, OR INJURY ARISING FROM, INCURRED BY, OR CAUSED BY, PARTICIPANT IN CONNECTION WITH THE ABOVE DESCRIBED PROGRAM.

Signature of Participant/Legal Guardian

Date

Witness

Date

Calimesa Police Department

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**CALIMESA POLICE DEPARTMENT
YOU ARE NOT ALONE (YANA)
APPLICATION**

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE _____

CONTACT TYPE: **PHONE CALL**

PREFERRED DAY(S)* _____
MONDAY - THURSDAY ONLY

PREFERRED TIME* _____
8 A.M. - 12 P.M. ONLY

EMERGENCY CONTACT INFORMATION:

NAME _____ ADDRESS _____

PHONE _____ RELATIONSHIP _____

DO THEY HAVE A KEY TO YOUR RESIDENCE? **YES / NO**

DOCTOR NAME / PHONE _____

ILLNESS _____

ADDITIONAL INFORMATION / COMMENTS:

I HEREBY STATE THAT ALL ABOVE INFORMATION IS TRUE.

SIGNATURE _____

DATE _____