

Are You O.K.?® Field Interview Form

Phone Number: () -	Date Enrolled: / /	Date of Birth: / /	Time to call: : AM PM	Answering Machine: Yes No	ID Number/Code:
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Subscriber Name and Address:	Doctor and Clergy:
First Name Middle Name Last Name	Doctor's Name
Street Address	Doctor's Phone
Building Name Apartment Number	Clergy's Name
City State Zip	Clergy's Phone

In Case of Emergency, Notify:	
First Name Middle Name Last Name	First Name Middle Name Last Name
Street Address	Street Address
City State Zip	City State Zip
Phone Number Cell/Other Phone Number	Phone Number Cell/Other Phone Number

Next of Kin:	
First Name Middle Name Last Name	First Name Middle Name Last Name
Street Address	Street Address
City State Zip	City State Zip
Phone Number Cell/Other Phone Number	Phone Number Cell/Other Phone Number

Keyholders:	
First Name Middle Name Last Name	First Name Middle Name Last Name
Street Address	Street Address
City State Zip	City State Zip
Phone Number Cell/Other Phone Number	Phone Number Cell/Other Phone Number

Key on Premises? Yes No	Location:
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Pets? Yes No	Type and Location:
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Live Alone? Yes No	Co-Residents
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Medical History	
Able to Walk? Yes No	List Physical Impairments:
Location of Medical History:	

Remarks	
Please include any additional information you believe we should have. For officer safety, please indicate if there are any weapons in the residence. If you do have a gun(s), please list where it is kept.	

WAIVER FOR ARE YOU O.K.?

PENSACOLA POLICE DEPARTMENT

“WAIVER” – RELEASE AND HOLD HARMLESS THE PENSACOLA POLICE DEPARTMENT AGAINST ANY CLAIM IN RELATION TO SERVICE RECEIVED THROUGH THE ARE YOU O.K.? PROGRAM.

Subscriber acknowledges that the Pensacola Police Department is providing the service as a public service and for no compensation. Subscriber recognizes that the Pensacola Police Department may, at their discretion, terminate this service at any time. Subscriber also acknowledges that technical problems or human error may result in a failure of the service at any time. In consideration of these factors, SUBSCRIBER HEREBY WAIVES, RELEASES AND HOLDS HARMLESS THE PENSACOLA POLICE DEPARTMENT FROM ANY CLAIM ARISING FROM A FAILURE, FOR ANY REASON, TO PROVIDE THE SERVICES CONTEMPLATED BY THIS AGREEMENT, AND SUBSCRIBER FURTHER AGREES TO WAIVE, RELEASE AND HOLD HARMLESS THE PENSACOLA POLICE DEPARTMENT AGAINST ANY CLAIM FOR DIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING FROM ANY ACTION OR OMISSION BY THE PENSACOLA POLICE DEPARTMENT, ITS VOLUNTEERS OR EMPLOYEES IN CONNECTION WITH THEIR PARTICIPATION IN THIS PROGRAM.

Date

Participant Name (Printed)

Participant Signature

Participant Address

Date

Witness Name (Printed)

Witness Signature

Witness Address

Please mail both forms to:

**Hope Lunsford, Dispatch Supervisor,
P.O. Box 1750, Pensacola, FL 32591**