



Good Morning Program PARTICIPANT APPLICATION

(Office use only) Participant #: _____

Date: _____

Brunswick • Harpswell • Freeport

Name: _____ DOB: _____ Phone: _____

Physical Address: _____

Mailing Address: _____

Do you live alone: YES NO, I live with (relationship) _____

Do you have a key hidden for emergency use? YES NO If yes, where is it located? _____

Who else has a key? (name, address, phone#): _____

Primary Emergency Contact person (who lives nearby and would be willing to check your residence if we can't reach you)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Secondary Emergency Contact person (who lives nearby and would be willing to check your residence if we can't reach you)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Do you use Lifeline or similar personal alert system? YES NO If yes, what type? _____

What in-home services do you receive, if any? _____

List any special needs or medical conditions Good Morning workers should be aware of: _____

Do you drive a car? YES NO If yes, list license plate number and description of car: _____

Please note that all applicant information will be kept confidential and used by the Good Morning Program only.

Applicant Signature: _____ **Date:** _____

**Please indicate name, address, phone #, and relationship of person filling out this form if other than applicant.*

GOOD MORNING PROGRAM PARTICIPANT RELEASE OF INFORMATION AND LIABILITY WAIVER

I, _____ or his/her power of attorney¹ _____,

DO / DO NOT authorize the Good Morning Program coordinator to inform the Brunswick Police Department and other law enforcement/emergency communications agencies of my participation in the program and authorize law enforcement agencies to use "forcible entry" if needed to access my house/apartment/mobile home if deemed necessary.

I waive all claims of any type against the Town of Brunswick, the Brunswick Police Department, other law enforcement/emergency communications agencies, and the Good Morning Program for receiving and disseminating information pertaining to my general well being and safety. I also waive any claims of any type (including, but not limited to, personal injury and property damage) against the above named entities for their action or inaction in the Project Good Morning Program. Examples of situations for which I am waiving liability are if the Good Morning Program is unable to contact me and the law enforcement agency must break into my property to check on my well being, or if due to volunteers not showing up for their shift or busy circumstances at the law enforcement agency, they do not discover that I am deceased or injured. I understand that this program is not intended to be the primary method for ensuring my safety and is merely intended to be a supplement. In addition to waiving all claims of liability against the above named entities, I indemnify them from any claims of liability from me or on my behalf.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Questions? Call 207-725-6621x4310

Please return completed application to:
Attn: Sonia Moeller
Brunswick Police Department
85 Pleasant Street
Brunswick, ME 04011

¹ If signed by power of attorney, please provide a copy of the general power of attorney (a health care power of attorney, alone, is not sufficient to sign this document).