



CLAY COUNTY SHERIFF'S OFFICE

SHERIFF DARRYL DANIELS

P.O. BOX 548

(904) 264-6512 or (352) 473-7211

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GREEN COVE SPRINGS, FLORIDA 32043-0548

ELDER WATCH PROGRAM

PARTICIPANT INFORMATION

Last name: _____ First Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Persons to contact if contact is not made with you after three attempts:

Primary

Last name: _____ First Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Has key to my home (Circle: Yes No)

Has authority to authorize law enforcement to enter my home: (Circle Yes No)

Secondary (if no contact is made with primary)

Last name: _____ First Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Has key to my home (Circle: Yes No)

Has authority to authorize law enforcement to enter my home: (Circle Yes No)

Additional Questions:

Key on premise? (Circle: Yes No) Pets? (Circle: Yes No)

Live alone? (Circle: Yes No) Ability to walk? (Circle: Yes No)

Doctor: _____
Name Phone Number

Clergy: _____
Name Phone Number

PROGRAM DETAILS

I request to take part in the Elder Watch Program. I understand that by participating in the program that a volunteer member of the Clay County Sheriff's Office VIPS program will call once daily to check on my well-being. When the phone call is made, the VIPS member will call up to three times at 5 to 10 minute intervals. I understand that if no contact is made with me by phone, a Clay County Deputy Sheriff will attempt to make contact with me in person at my home. If the deputy is unable to make contact with me at my home, I understand the VIPS will notify the primary contact person I have listed on this form, and then the secondary contact persons if the primary contact cannot be reached. I also understand that if the VIPS have concerns for my safety or well-being and after all attempts to contact emergency numbers have failed, a deputy may use necessary means to enter my residence for the purpose of providing assistance to me.

I further understand that participation in this program does not constitute any form of contractual agreement between myself and the Clay County Sheriff's Office. I also understand that nothing within this document is to be construed to constitute a waiver of the sovereign immunity protections afforded to the Clay County Sheriff's Office, the Sheriff of Clay County, or its members and employees, as set forth in Chapter 768, Florida Statutes. I also understand that nothing in this document is to be construed to serve as a waiver of the sovereign immunity protections afforded to any other law enforcement agency, to its members or employees who may assist the Clay County Sheriff's Office in the execution of this program.

I will notify the Elder Watch Program Coordinator if I will be away from my residence for an extended period.

I understand that I may terminate my participation in this program at any time.

I understand that the Sheriff's Office may terminate my participation in the program at any time.

I consent for law enforcement officers to enter my home if, in the judgment of law enforcement, exigent circumstances indicate that my health and welfare are in jeopardy.

Signature of Participant: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____

Printed Name of Witness: _____ **OSN:** _____

Additional comments/concerns:
