

POCONO TOWNSHIP POLICE

110 TOWNSHIP DRIVE
TANNERSVILLE, PA 18372

“COMMUNITY POLICING – WE CARE”

This program is designed to provide added personal security to the elderly, disabled or ill, who live alone. Beginning September 1, 2004, anyone who lives alone in Pocono Township may sign up to participate. The Pocono Township Police Department will maintain a list of the individuals, emergency numbers, contact persons, key holders and other information. Each day between 9:00 a.m. and 11:00 a.m. the participating person is to call the Police Department and “check-in” so that the Police know everything is fine and they are well. If no call is received by 11:00 a.m., the Police will call them. If no response is obtained, an Officer will be dispatched to the residence to check on their well-being. Applications are available at Pocono Township Police Headquarters.

INSTRUCTIONS

1. Complete the application in full. Give as much detail as possible. Make sure directions to your residence are clear.
2. Date, print your name and sign the Release and Waiver of Liability and Indemnity Agreement.
3. Return the application to:

POCONO TOWNSHIP POLICE DEPT.
110 TOWNSHIP DRIVE
TANNERSVILLE, PA 18372

When the application is received by the Police Department it will be processed and a phone call made to you letting you know if the application is completed correctly. If it is completed correctly, your “check-in” will start.

4. When you receive the phone call that your “check-in” will start, you must phone the Police Department at **629-7323** between 9:00 a.m. and 11:00 a.m. everyday **EXCEPT SATURDAYS, SUNDAYS, AND HOLIDAYS.**
5. If you will be going on vacation or leaving for any length of time, you will be required to check in and let us know the length of absence from your residence.

If you have any questions, please feel free to contact us at (570) 629-7200.

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OFFICE (570) 629-7200

FAX (570) 629-1501 DISPATCH (570) 992-9911

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TELEPHONE CALL-IN INFORMATION

NAME _____ PHONE NO. _____ DATE OF BIRTH _____

ADDRESS: _____

DIRECTIONS TO YOUR RESIDENCE: _____

FAMILY DOCTOR _____ PHONE NO. _____

HOSPITAL _____

EMERGENCY CONTACTS / KEYHOLDERS:

NAME _____ PHONE NO. _____ KEYHOLDER ___ YES ___ NO

NAME _____ PHONE NO. _____ KEYHOLDER ___ YES ___ NO

NAME _____ PHONE NO. _____ KEYHOLDER ___ YES ___ NO

MEDICAL INFORMATION:

CONFINED TO WHEELCHAIR: ___ YES ___ NO HEART CONDITION: ___ YES ___ NO

OTHER INFORMATION: _____

SMOKE DETECTORS: ___ YES ___ NO

APPLYING FOR: ___ PERMANENT ___ TEMPORARY – GIVE DATES _____

**OFFICE CLOSED SATURDAY, SUNDAY, & HOLIDAYS – NO CALL IN –
EMERGENCY CALL 9-1-1**

RETURN FORMS TO POCONO TOWNSHIP POLICE DEPT. AT 110 TOWNSHIP DRIVE,
TANNERSVILLE PA 18372

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RELEASE AND WAIVER OF LIABILITY

In consideration for the Pocono Township Police Department providing the “Community Policing-We Care” call-in service, the undersigned, on behalf of himself/herself, and his or her heirs, estate, executors, administrators, successors, and assigns, covenants not to sue and irrevocably and unconditionally waives, releases and forever discharges the Pocono Township Police Department, the Township of Pocono, any employees, agents, servants, officers, directors, representatives, or administrators of either of those entities, as well as their heirs, executors, administrators, successors, and assigns, of and from all, and all manner of, actions and causes of actions, suits, damages, claims, demands, injury, and/or death arising out of, or in any way connected or related to, any claim of failure to provide, or claim of improper performance of, this call-in service, accepting for himself or herself the full and complete responsibility for any and all such damage, injury, and/or death.

THE UNDERSIGNED expressly acknowledges and agrees that this police call-in service is being offered to him or her on a gratuitous basis, and that for this reason the undersigned expressly acknowledges and agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as is permitted by law, and that if any portion thereof is held illegal or invalid by a Court of competent jurisdiction the remainder shall continue in full force and effect.

THE UNDERSIGNED HAS READ AND KNOWINGLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY, and further agrees that no oral representations, statements, or inducements, apart from the foregoing written Agreement, have been made.

Signature _____ Print Name: _____

Date: _____

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