



ORANGEVILLE POLICE SERVICE

390 C Line Orangeville, Ontario L9W 3Z8 Ph: 519-941-2522 Fax: 519-941-0089

VULNERABLE PERSON REGISTRY APPLICATION & AUTHORIZATION

To be completed by Applicant/Legal Guardian

PLEASE E-MAIL THIS FORM ONLINE TO vulnerablepersons@orangevillepolice.ca OR MAIL/DELIVER TO ORANGEVILLE POLICE, C/O COMMUNITY SERVICES LOCATED AT 390 C LINE, ORANGEVILLE, ONTARIO L9W 3Z8																		
New Application: <input type="checkbox"/> Renewal: <input type="checkbox"/> Applications must be renewed by caregiver annually																		
			(Surname)			(Given 1)			(Given 2)									
VULNERABLE PERSON:																		
Answers to the name of:																		
Sex:		DOB:			Place of Birth:													
Address:									Phone#:									
Employer/School:																		
Height:		Weight:		Build:		Race:												
Hair Colour:		Length/Style:			Facial Hair:													
Eye Colour:		May be Wearing: <input type="checkbox"/> Prescription Glasses			<input type="checkbox"/> Sunglasses		<input type="checkbox"/> Contact Lenses											
Marks:				Tattoos:														
Dependancies i.e. drugs, alcohol:																		
Medical condition: (check all that apply)																		
Alzheimer's:		<input type="checkbox"/>			Intellectual/developmental disability			<input type="checkbox"/>		Emotionally Disturbed Person (EDP):			<input type="checkbox"/>					
Autism		<input type="checkbox"/>		Other		<input type="checkbox"/>		Specify:										
If Medic Alert worn, where?			Wallet		<input type="checkbox"/>		Bracelet:		<input type="checkbox"/>		Necklace		<input type="checkbox"/>		Other		<input type="checkbox"/>	
Known to Wander?		Yes		<input type="checkbox"/>		No		<input type="checkbox"/>		Explain:								
What direction?																		
If Yes Where have they been found before																		
Uses public transportation:		Yes		<input type="checkbox"/>		No		<input type="checkbox"/>		Describe:								
History of Violence		Yes		<input type="checkbox"/>		No		<input type="checkbox"/>		Describe:								
Access to Firearms		Yes		<input type="checkbox"/>		No		<input type="checkbox"/>		Describe:								
APPLICANT/PRIMARY CONTACT:																		
Name:								Relationship to Applicant:										
Address:																		
Telephone: (Res)								(Bus)										
Cellular-Pager:																		
Email:																		
Contact Authorization Signature:																		

SECONDARY EMERGENCY CONTACT:					
Name:				Relationship to Applicant:	
Address:					
Telephone: (Res)				(Bus)	
Cellular-Pager:					
Email:					
Contact Authorization Signature:					
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(Authorization Signature)			(Witness Signature)		
Dated			at the		
:				of	