



Geneva Police Department Citizens at Risk Program Registration

NW INCIDENT #: _____

Last Name	First Name	Middle Name
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Address	City	State	Zip
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Home Phone	Cell Phone	Other Phone
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Birth Date	Gender	Race	Nickname/Alias
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Height	Weight	Hair	Eyes
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Eye Glasses	Braces	Picture/Image	Date of Picture
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Driver's License Number/State _____

Identification Card Number/State _____

Subject Verbal: Subject Non-Verbal: Best Method of Communication: _____

Officer Signature	Badge #	Date
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Office Use Only

Frontline Entry: _____ New World Entry: _____

Global Subject Number: _____

Any Tattoos, Scars, Marks, Identifiers

Medical Diagnosis

Physicians Name and Phone Numbers

List any Medications

Vehicle Information

Vehicle Make:

Vehicle Model:

Vehicle License Plate
Number and State:

Vehicle Color:

Emergency Contact Information

Contact #1

_____		_____	
Name	Relationship to Registrant		
_____		_____	
Home Phone	Cell Phone	Other Phone	
_____		_____	_____
Address	City	State	Zip

Contact #2

_____		_____	
Name	Relationship to Registrant		
_____		_____	
Home Phone	Cell Phone	Other Phone	
_____		_____	_____
Address	City	State	Zip

Contact #3

_____		_____	
Name	Relationship to Registrant		
_____		_____	
Home Phone	Cell Phone	Other Phone	
_____		_____	_____
Address	City	State	Zip

Are you filling out this form on behalf of someone else? Yes No

_____	_____
Your Name	Phone Number

If emergency access needs to be gained do emergency personnel have permission to make entry into residence (emergency personnel consists of police, fire, paramedics)?

Yes No Initials: _____

Is there a keypad/lockbox to the house? Yes No Code _____

Is there a key hidden somewhere? Yes No Where? _____

Favorite Places to Visit (Parks, ETC)

Registrant's Previous Home Address (Include City)

Registrant's Previous Work Address (Include City)

Has Registrant been missing before? Yes No

If yes, where were they located and when? When did the person go missing?

Likes/Dislikes:

[Empty box for Likes/Dislikes]

Habits of Registrant:

[Empty box for Habits of Registrant]

Other Information:

[Empty box for Other Information]



C.A.R. Release

INC # _____

I represent that , _____ , am of legal age and capacity and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve me. I, therefore, authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I agree to the dissemination of this information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve me. I acknowledge that by providing this information for the purpose stated above I am not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. I agree to keep this information current and acknowledge that the information provided becomes property of the Geneva Police Department for the purpose stated above. I further for myself, heirs, executors, administrators, personnel representatives and assigns waive and release any and all rights, claims, and causes of action which I may have against those police, fire, and emergency response agencies who may respond to an emergency or potential emergency involving me. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between me and against those police, fire, and emergency response agencies who may respond to an emergency or potential emergency involving me and that the aforementioned police, fire, and emergency response agencies do not waive or limit any defense or immunity available to them by law.

Signed _____

Printed Name _____

Today's Date _____

Ofc Initials _____



C.A.R. Release

INC # _____

I represent that I, _____ am of legal age and capacity and that I represent _____ as the parent or legal guardian (copy of 'letter of office' attached as applicable) and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve _____ . I, therefore and on behalf of _____ authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving _____ . I agree to the dissemination of this information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve _____ . I acknowledge that by providing this information for the purpose stated above that _____ is not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. I agree to keep this information current and acknowledge that the information provided becomes the property of the Geneva Police Department for the purpose stated above. I further for _____ , his/her heirs, executors, administrators, personnel representatives and assigns, waive and release any and all rights, claims and causes of action which they may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving _____ . I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between, _____ and those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving _____ and that the aforementioned police, fire and emergency response agencies do not waive or limit any defense or immunity available to them by law.

Signed: _____

Officer Initials: _____

Printed Name: _____

Today's Date: _____