



San Diego County Sheriff's Department

**YOU ARE NOT ALONE (YANA)
ENROLLMENT REQUEST FORM**

YANA PARTICIPANT _____ BIRTHDATE _____

ADDRESS _____ TELEPHONE _____

REQUESTED BY _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE _____

PREFERRED METHOD OF CONTACT:

TELEPHONE CALL DAY _____ TIME _____ FREQUENCY _____

PERSONAL VISIT DAY _____ TIME _____ FREQUENCY _____

EMERGENCY CONTACT/ RELATIONSHIP _____

ADDRESS _____ TELEPHONE _____

NAME OF CLOSEST NEIGHBOR _____

ADDRESS _____ TELEPHONE _____

NAME OF ATTENDING PHYSICIAN _____

ADDRESS _____ TELEPHONE _____

WHAT IS YOUR CURRENT HEALTH SITUATION? _____

ANY SERIOUS HEALTH PROBLEMS? _____

ARE YOU ALLERGIC TO ANY DRUGS? _____

COMMENTS: _____

Participation in the YANA Program does not establish a special relationship between the YANA participant and the San Diego County Sheriff's Department. A duty to call you on the phone, respond to your home, or summon emergency aid if you fail to answer your telephone is not established. The YANA agencies and their volunteers will not be liable to you or any person claiming through you, for any act or omission which proximately causes injury or property damage to you or others as a result of your home not being called, or for failure to respond to your home if you do not answer a call.

PARTICIPANT'S SIGNATURE _____ DATE _____

SIGNATURE OF PERSON MAKING REQUEST _____ DATE _____