



Bringing Loved Ones Home

# APPLICATION

**Please Return To:**

Capt. George Gonzalez  
Porter County Sheriff's Department  
2755 State Road 49  
Valparaiso, IN. 46383

**Porter County Project Lifesaver**  
**Search and Rescue**

**Search Management Section**  
**Personal Data Questionnaire**

**Client Number:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

This form is designed for Custodial Care Givers to provide, in advance, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information to conduct a more effective search response.

Resident: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Date Transmitter Placed:** \_\_\_\_\_ **By Whom:** \_\_\_\_\_

Facility/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_  
Last Name First Name Middle Name

**Resident's Personal Data**

Birthday: \_\_\_\_\_ Sex: Male / Female Race: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Most recent address: \_\_\_\_\_

Most recent place of work: \_\_\_\_\_

Most recent occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Living / Deceased (*Circle One*)

**Family/Friend Information**

Other persons the resident may contact (family, friends, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Physical Description of Client**

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      Weight: \_\_\_\_\_ lbs.      Build: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Hair Style: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Complexion: \_\_\_\_\_ Beard: *Yes / No*      Mustache: *Yes / No*      Sideburns: *Yes / No*

Balding: *Yes / No*      False Teeth: *Yes / No*      Glasses: *Yes / No* If yes, Style: \_\_\_\_\_ Contacts: *Yes / No*

If glasses or contacts are worn, what degree of vision exists without eyewear? *None / Fair / Poor*

Does Resident wear a Hearing Aid? *Yes / No*      Type of hearing without aid? *None / Poor / Fair*

Shape of facial features (Round / Square / Oval / Other): \_\_\_\_\_

Distinguishing marks, Scars, Tattoos, etc. Describe: \_\_\_\_\_

\_\_\_\_\_

General Appearance: \_\_\_\_\_

If resident does not understand English, what language is understood? \_\_\_\_\_

**Health / Psychological Condition**

Any known physical handicaps? *Yes / No* Please Describe: \_\_\_\_\_

Any known medical problems? *Yes / No* Please Describe: \_\_\_\_\_

Medications taken regularly? *Yes / No* List any medications using correct name of drug and dosage taken: \_\_\_\_\_

Consequences of **NOT** taking medications? \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any Psychological problems? *Yes / No* Nature: \_\_\_\_\_

**If Alzheimer's disease has been diagnosed, answer the following:**

1. Does the Resident remain oriented to time and person? *Yes / No*  
Explain: \_\_\_\_\_
2. Does the Resident recognize familiar persons and faces? *Yes / No*  
Explain: \_\_\_\_\_
3. Can the Resident travel to familiar locations? *Yes / No*  
Explain: \_\_\_\_\_
4. Does the Resident have decreased knowledge of current events or tend to re-live events in his/her life?  
*Yes / No* Explain: \_\_\_\_\_
5. Does the Resident sometimes clothe himself/herself improperly? *Yes / No*  
Example: Putting shoes on the wrong feet, adding underwear over clothing, etc.  
Explain: \_\_\_\_\_
6. Does the Resident remember his/her own name and the names of spouse and or children? *Yes / No*  
Explain: \_\_\_\_\_
7. Does the Resident's sleep patterns frequently change? *Yes / No*  
Explain: \_\_\_\_\_
8. Does the Resident suffer from frequent personality and emotional changes? *Yes / No*
9. Does the Resident suffer from delusions (i.e. see imaginary visitors, talk to his/her own reflection in the mirror, imagine that their spouse is an imposter, etc.) *Yes / No*  
Explain: \_\_\_\_\_
10. How good is the Resident's communications ability? *None / Poor / Fair / Good / Excellent*

Personal articles normally carried by the resident:

Tobacco Products: *Yes / No* Type: \_\_\_\_\_ Brand: \_\_\_\_\_

Candy/Gum *Yes / No* Brand: \_\_\_\_\_

Matches: *Yes / No* Lighter: *Yes / No* Type: \_\_\_\_\_

Food Items: \_\_\_\_\_

Facial tissue or other pocket/purse items? (Describe) \_\_\_\_\_  
Approximate amount of cash on hand? \$ \_\_\_\_\_ Where normally carried? \_\_\_\_\_  
Handbag, Purse, or Wallet (circle all that apply)  
Description: \_\_\_\_\_ Type: \_\_\_\_\_  
Color: \_\_\_\_\_  
Jewelry (please describe): \_\_\_\_\_  
Watch? \_\_\_\_\_ Type: \_\_\_\_\_  
Color: \_\_\_\_\_ Description: \_\_\_\_\_

### Equipment

Cane / Walker / Other: \_\_\_\_\_ Hunting / Fishing, Etc.: \_\_\_\_\_  
Circle one or describe:  
Other: \_\_\_\_\_

### Experience

Familiar with area? *Yes / No* How recently? \_\_\_\_\_ *Days / Months / Years*  
If not local, what other areas are known to the Resident? \_\_\_\_\_  
Taken outdoor classes? *Yes / No* Where? \_\_\_\_\_ When? \_\_\_\_\_  
Taken First-Aid Training *Yes / No* Where? \_\_\_\_\_ When? \_\_\_\_\_  
Involved in Scouting? *Yes / No* Explain: \_\_\_\_\_  
Military Experience? *Yes / No* Where? \_\_\_\_\_ When? \_\_\_\_\_  
Recreational Outdoor Experience? *Yes / No*  
Overnight Camping Experience? *Yes / No*  
Ever been lost before? *Yes / No* Where: \_\_\_\_\_ When? \_\_\_\_\_  
Located by searches or walk out by him/herself? \_\_\_\_\_  
Location found? \_\_\_\_\_  
Actions Taken: \_\_\_\_\_  
Ever go out alone? *Yes / No* Stay on trails? *Yes / No*  
General Athletic Interest/Abilities: \_\_\_\_\_

### Personality/Habits

Smoke? *Yes / No* How often? \_\_\_\_\_ What? \_\_\_\_\_ Brand? \_\_\_\_\_  
Drink Alcohol? *Yes / No* What type? \_\_\_\_\_ Brand? \_\_\_\_\_  
Use Illicit Drugs? *Yes / No* How often? \_\_\_\_\_ Type? \_\_\_\_\_  
Hobbies/Interests: \_\_\_\_\_  
Outgoing or quiet (circle one) – Likes groups or being alone (circle one)  
Evidence of leadership? *Yes / No* Explain: \_\_\_\_\_  
Ever been in trouble with the law? *Yes / No* What? \_\_\_\_\_  
Religious Activity? *Yes / No* What faith? \_\_\_\_\_  
What does the Resident value most? \_\_\_\_\_  
Which family member is Resident closest to? \_\_\_\_\_  
Where was the Resident born and raised? \_\_\_\_\_  
Has Resident received any letter recently? *Yes / No* From whom? \_\_\_\_\_  
Is Resident afraid of: Dogs? *Yes / No* The Dark? *Yes / No* Noises? *Yes / No* Horses? *Yes / No*  
People? *Yes / No* Other (explain): \_\_\_\_\_

What actions taken when the Resident gets hurt? (cry, shout, etc.) \_\_\_\_\_

Will Resident talk to strangers? *Yes/No*

Is the Resident DANGEROUS to him/herself or others? *Yes/No* Explain: \_\_\_\_\_

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\_\_\_\_\_  
Signature of person filling out this form

\_\_\_\_\_  
date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
date

Agreement Between Porter County Project Lifesaver and RESPONSIBLE PARTY

Porter County Project Lifesaver  
www.PorterCountySheriff.com

**CONTRACT**

THIS AGREEMENT is made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by and between the PORTER COUNTY PROJECT LIFESAVER, PORTER COUNTY TRIAD, and

\_\_\_\_\_  
(RESPONSIBLE PARTY) whose address is:

(Street/P.O.Box) \_\_\_\_\_,  
(City/Town) \_\_\_\_\_, (State) \_\_\_\_\_ (Zip) \_\_\_\_\_.

WHEREAS, THE PORTER COUNTY PROJECT LIFESAVER serves the community through the efforts of volunteer members who perform benevolent, humanitarian and charitable services, principally search and rescue and disaster relief; and

WHEREAS, THE PORTER COUNTY PROJECT LIFESAVER is undertaking a program for search and rescue using electronic signaling devices as an aid in searching for lost persons who suffer in one form another from diminished mental capacity or other disability; and

WHEREAS, THE PORTER COUNTY PROJECT LIFESAVER is under no legal or other duty to provide such a search system to persons suffering from such diminished capacity or disability; and

WHEREAS, THE PORTER COUNTY PROJECT LIFESAVER, as a volunteer unit does not act as an agent, representative, or surrogate for any other person, body, or legal entity in undertaking the program and neither obligates nor is able to obligate any other person, body or legal entity by undertaking such program; and

WHEREAS, the RESPONSIBLE PARTY named herein is empowered, able, and authorized to act in the name of and on behalf of the person named in Section 1 below; and,

WHEREAS, the RESPONSIBLE PARTY desires to participate for the benefit of the person named in Section 1 below in the program being:

Initials: \_\_\_\_\_, \_\_\_\_\_

Agreement Between Porter County Project Lifesaver and RESPONSIBLE PARTY

THEREFORE:

IN CONSIDERATION OF THE MUTUAL PROMISES MADE HEREIN, the above parties agree as follows:

1. The Porter County Project Lifesaver agrees to furnish to the RESPONSIBLE PARTY named above for the use and benefit of (Client) \_\_\_\_\_ a Project Lifesaver International approved Transmitter and wristband, together with monitoring, response and tracking services appropriate and necessary for the use of such equipment.
2. It is the duty of \_\_\_\_\_, the RESPONSIBLE PARTY, to immediately notify The Porter County Project Lifesaver (through the Porter County Public Safety Communications Center) in the event the designated wearer of the Project Lifesaver Transmitter tracking bracelet is discovered missing from the RESPONSIBLE PARTY'S care.
3. In the event that the Project Lifesaver Transmitter bracelet is no longer needed by the designated wearer of said bracelet, The Porter County Project Lifesaver is to be notified immediately so that said bracelet can be removed.
4. If the Project Lifesaver Transmitter bracelet is lost or otherwise rendered unusable, the RESPONSIBLE PARTY shall reimburse The Porter County Project Lifesaver the monetary cost of said bracelet.
5. It is expressly understood and agreed The Porter County Project Lifesaver is responsible for the routine maintenance of the equipment provided hereunder; however, The Porter County Project Lifesaver is NOT responsible in any respect for any technical failure due to manufacturing or material defects of the equipment herein provided. It is expressly understood and agreed that The Porter County Project Lifesaver makes no warranties of any kind with regard to the equipment described herein, the operation or effectiveness of the equipment described herein, the fitness or suitability of the equipment described herein for a particular purpose, or the merchantability of the equipment described herein.
6. In the event of failure of the equipment described herein, The Porter County Project Lifesaver will attempt to replace or repair such equipment at its option, upon being notified of the need for such service.
7. It is specifically agreed and understood that The Porter County Project Lifesaver shall retain all title and interest in said equipment, and in no way does the lessee acquire any title in said equipment.
8. This agreement may be terminated at the option of either party upon thirty (30) days written notice to the other party.

Initials: \_\_\_\_\_, \_\_\_\_\_

Agreement Between Porter County Project Lifesaver and RESPONSIBLE PARTY

9. The RESPONSIBLE PARTY specifically acknowledges and agrees that the Project Lifesaver Transmitter/Bracelet is NOT intended to replace the care, monitoring, attention, and oversight to be provided by the RESPONSIBLE PARTY to the person named in Section 1 above. The RESPONSIBLE PARTY, on behalf of the bracelet wearer, accepts the use of Project Lifesaver International approved equipment and the services described above with the understanding that said equipment and services are intended to be merely an additional and ancillary (supplementary) tool providing an extra means of locating the wearer of the Project Lifesaver Transmitter/Bracelet in the event that the wearer is discovered missing.
10. **NOTICE: READ SECTION 11 VERY CAREFULLY!**  
**DO NOT SIGN THIS CONTRACT UNLESS YOU UNDERSTAND THIS SECTION! SECTION 11 WAIVES IMPORTANT LEGAL RIGHTS AND CLAIMS! YOU ARE RECOMMENDED TO CONSULT YOUR OWN ATTORNEY BEFORE SIGNING THIS CONTRACT!**

\_\_\_\_\_, the RESPONSIBLE PARTY, hereby releases The Porter County Project Lifesaver from any and all liability arising from any failure of the Project Lifesaver International approved equipment or any failure of The Porter County Project Lifesaver of whatever sort, kind or nature, regarding the performance and fulfillment of the monitoring, response, and tracking services described in Section 1 above, or any other ends for which this agreement is made.

The Porter County Project Lifesaver shall not be held responsible for any failure, delay, default, interruption, stoppage, or interference or any other failure of any kind, manner, or nature regarding the performance of the equipment or services under this contract.

\_\_\_\_\_, the RESPONSIBLE PARTY, hereby releases and holds harmless The Porter County Project Lifesaver, Project Lifesaver International and the equipment manufacturer from any and all liability arising from any failure of the Project Lifesaver International approved equipment or any failure of The Porter County Project Lifesaver against all claims, actions, lawsuits, or causes of action brought against The Porter County Project Lifesaver whether by RESPONSIBLE PARTY, or on RESPONSIBLE PARTY'S behalf, or by others, even if such claim is false or fraudulent and regardless of who the parties may be.

\_\_\_\_\_, the RESPONSIBLE PARTY, hereby releases and holds harmless (1) the Porter County Sheriff's Department, (2) the Porter County Triad (3) the Porter County Government (4) The Alzheimer's Association, and (5) any and all members of and all other persons or entities associated with The Porter County Project Lifesaver in conducting this program involving the use of Project Lifesaver International approved equipment and the provision of said services described herein. Such parties named in this paragraph shall be released and held

Initials: \_\_\_\_\_, \_\_\_\_\_

Agreement Between Porter County Project Lifesaver and RESPONSIBLE PARTY

harmless to the full extent and in every manner identified in Section 11 regarding The Porter County Project Lifesaver.

11. Liquidated Damages and Limitation of Liability: In any lawsuit under this contract, the maximum liability under any circumstances of The Porter County Project Lifesaver, the Porter County Sheriff's Department, and any other persons or entities named in Section 11 shall be limited to the amounts of the monthly maintenance fee already paid by the RESPONSIBLE PARTY to The Porter County Project Lifesaver.
12. The RESPONSIBLE PARTY understands and agrees that The Porter County Project Lifesaver makes no warranties, guarantees, assurances, or promises of any kind as to the effectiveness or success of the tracking services provided herein, or of any search or searches undertaken utilizing the approved equipment or other electronic equipment used during the term of this contract or pilot program.
13. The RESPONSIBLE PARTY specifically agrees and promises NOT to rely upon the equipment or services herein for the safety, welfare, finding, or retrieval of the wearer of the Project Lifesaver International approved Transmitter/Bracelet.
14. The RESPONSIBLE PARTY agrees and understands that the equipment and services provided under this contract may be ineffective and unavailing for the purposes provided.
15. Therefore, the RESPONSIBLE PARTY specifically disclaims any reliance, expectation of success, or dependence upon the equipment or services for the health, safety, welfare, finding, rescue, or retrieval of the person named in Section 1 above.

Initials: \_\_\_\_\_, \_\_\_\_\_

Agreement Between Porter County Project Lifesaver and RESPONSIBLE PARTY

By signing below, I, the RESPONSIBLE PARTY affirm that I have read and understand this contract including the waiver and release of liability in Section 11, the limitation of liability in Section 12, and the non-reliance provisions of Section 41, and that it is my desire and intention to enter into this agreement. By affixing my signature below I hereby agree to the terms and provisions of this contract.

\_\_\_\_\_  
RESPONSIBLE PARTY

\_\_\_\_\_  
WITNESS (or, Notary)

\_\_\_\_\_  
Street Address/P.O. Box

\_\_\_\_\_  
Street Address/P.O.B./Notary State

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip, Notary's City

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone (Notary, leave blank)

(My Commission expires: \_\_\_\_\_ )

ACCEPTED: Porter County Project Lifesaver Representative:

BY: \_\_\_\_\_

Signatory

For Use by Notary Public

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year of our Lord 20\_\_\_\_, before me, a Notary Public, State of Indiana, duly commissioned and sworn, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he or she executed the same.

IN WITNESS WHEREOF, I hereunto set my hand affixed my official seal in the State of Indiana, County of Porter on the dated set forth above in this certification.

\_\_\_\_\_  
Notary Public

State of Indiana

My Commission expires: \_\_\_\_\_

Initials: \_\_\_\_\_, \_\_\_\_\_