

**CLAY COUNTY SHERIFF'S OFFICE  
ELDER WATCH PROGRAM**

I request to take part in the Elder Watch Program. I understand that by participating in this program, a volunteer member of the Clay County Sheriff's Office volunteers in police services (VIPS) program will call once daily to check on my well-being. When the phone call is made, the VIPS member will call up to three times at 5 to 10 minute intervals. I understand that if no contact is made with me by phone, the VIPS member will call the primary contact person listed on this form, and then the secondary contact person if the primary contact cannot be reached. If contact is not made with the emergency contacts, the VIPS member will contact dispatch to send a Clay County Deputy Sheriff to attempt to make contact with me at my home. Furthermore, I understand that if the VIPS member has concerns for my safety or well-being and after all attempts to contact emergency numbers have failed, a deputy may use necessary means to enter my residence for the purpose of providing assistance to me.

I further understand that participation in this program does not constitute any form of contractual agreement between myself and the Clay County Sheriff's Office. I also understand that nothing within this document is to be construed to constitute a waiver of the sovereign immunity protections afforded to the Clay County Sheriff's Office, the Sheriff of Clay County, or its employees, as set forth in Chapter 768, Florida Statutes. I also understand that nothing in this document is to be construed to serve as a waiver of the sovereign immunity protections afforded to any other law enforcement agency, to its employees, which may assist the Clay County Sheriff's Office in the execution of this program.

I will notify the Elder Watch appointed volunteer if I will be away from my residence for an extended period of time.

I understand that I may terminate my participation in this program at any time.

I understand that the Sheriff's Office may terminate my participation in the program at any time.

I consent for law enforcement officers to enter my home if, in the judgement of law enforcement, circumstances indicate that my health and welfare are in jeopardy.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of VIPS Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of VIPS Coordinator: \_\_\_\_\_ OSN# \_\_\_\_\_

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**Participant's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Primary person to call if contact with you is NOT made after three (3) attempts:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Has key to my home: Yes \_\_\_\_ No \_\_\_\_
- Has authority to authorize law enforcement to enter my home:  
Yes \_\_\_\_ No \_\_\_\_

**Secondary (if no contact is made with primary)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Has key to my home: Yes \_\_\_\_ No \_\_\_\_
- Has authority to authorize law enforcement to enter my home:  
Yes \_\_\_\_ No \_\_\_\_

**Additional questions:**

- Key on premises: Yes \_\_\_\_ No \_\_\_\_
- Pets: Yes \_\_\_\_ No \_\_\_\_
- Live alone: Yes \_\_\_\_ No \_\_\_\_
- Ability to walk: Yes \_\_\_\_ No \_\_\_\_

**Additional comments/concerns:**

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