

PLEASE BE KIND

Enrollment Form

(Sections with a () are required for the form to be submitted)*

New Member Updating Information

* Member's Personal Information:

Name: _____
(last, middle initial, first)

Race: _____ Gender: _____ Does the member attend school, if so which

Hair color: _____ Eye color: _____ one? _____

Height: _____ Weight: _____ Primary Language _____

Facial hair? YES NO

_____ Distinguishing Marks (i.e. scars, birthmarks, tattoos & their location)

Date of birth: _____

Driver's License/ ID Card # (if applicable): _____

Is a current photo being attached with the enrollment form? YES NO

* Residence Information:

Home address: _____

Type of residence? Single family home Apartment Mobile home

Who does the member live with? _____

Other frequented addresses: _____

Emergency Contact Information:

* Primary Parent/Guardian:

Name (relation to member): _____

Phone number(s): _____

Address (if different than member): _____

Place of Employment: _____

* Additional Emergency Contact #1:

Name (relation to member): _____

Phone number(s): _____

Additional Emergency Contact #2:

Name (relation to member): _____

Phone number(s): _____

Vehicle Information: (Please list vehicles that the member may travel in)

Make: _____ Model: _____ License plate: _____
Make: _____ Model: _____ License plate: _____
Make: _____ Model: _____ License plate: _____

*** Special Need/ Limitations:**

Primary diagnosis/condition: _____

Any co-existing diagnosis/conditions: _____

Physical/emotional/mental limitations: _____

Known triggers: _____

Likes/interests: _____

Calming techniques: _____

Does the member tend to wander/ run off? YES NO

Note: _____

How does the member communicate best? _____

Safety concerns for first responders: _____

Can the member swim? YES NO Note: _____

Medications: _____

Any additional information about the member, not listed above: _____

I would like to receive 2 PLEASE BE KIND Program Decals, for additional visibility/identification. YES NO Note: _____

Printed Name _____

Relation to Enrollee _____

Signature _____

Date _____

Additional Information

Some residents who may benefit from enrolling in the program may include individuals with deafness, blindness, Down Syndrome, Autism Spectrum Disorder, Dementia, PTSD or any other disability/ special need/ limitation which may require specialized assistance in an emergency situation.

Alerts created by the 911 Center may be include:

- **Person alert-** tied to the name or date of birth of the enrolled member
- **Location alert-** tied to any address listed for the enrolled member
- **Vehicle alert-** tied to the license plate (s) listed for the enrolled member

Program Decals are available to those who have successfully enrolled in the [PLEASE BE KIND](#) Program. These decals serve as an additional identifier to Crestview Emergency Responders. Please place them in the following locations:

- **Vehicle-** Rear window on the driver's side.
- **Home-** Front window or front door.

*If you have selected that you would like to receive Program decals, they will be mailed to the address listed for the member after successful enrollment.

**Please submit a new enrollment form if you are currently a [PLEASE BE KIND](#) Program member and there are any significant changes to your information, such as: address, emergency contact information, etc. In this instance, only the information which has changed will need to be added to the form and the rest can be blank. Please note, you will be contacted annually to ensure all information is current and accurate.

Please send completed forms to:

- VIA email to: CommunityServices@CRESTVIEWPD.ORG
- Records Department at: 201 Stillwell Blvd, Crestview, FL 32536 Mon-Fri 8 AM- 5 PM

If you have any questions or need any assistance in completing this enrollment form please contact: Lauren Hirst, Victim Advocate at (850) 306-3734.