SPECIAL CITIZEN REGISTRY

About the Program

The Salem Police Department has a voluntary registry for individuals with mental health or developmental disabilities who may have difficulty communicating their needs because of an acute crisis or continuing disability.

Persons who voluntarily register for the program provide a self description, photograph and pertinent information about their condition.

Also included are names and telephone numbers of at least two resource persons who could be contacted in case of an emergency.

HELPFUL TIPS FOR PROGRAM PARTICIPANTS & THEIR FAMILIES

- Keep a file of pertinent information including a list of:
  - Medical issues and allergies
  - Likes and dislikes

- Keep a recent photograph in a safe place that is easily accessible.
- Provide copies of the list and the photograph to a family member or a close friend.

- Be sure all neighbors are aware of any special circumstances.
- Create an emergency plan for your family and practice the plan routinely with all members of the household.

- Keep all information current.

SALEM POLICE DEPARTMENT

MISSION

Our mission, together with our community, is to reduce the fear of crime, protect individual rights and enhance the quality of life.

VISION

We are committed to working with the community, government agencies, private groups and individuals in the development of effective partnerships, identifying root causes of crime and implementing outcome-based solutions which will reduce crime, increase safety and improve the quality of life fall the people of Salem.

Salem Police Department
Volunteer Services
(503) 588-6499

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SALEM POLICE DEPARTMENT

SPECIAL CITIZEN REGISTRY

VOLUNTEER SERVICES
(503) 588-6499

SERVICE, PRIDE & DEDICATION TO OUR CITIZENS

INDIVIDUAL REGISTRATION

If you have a disability and you are your own guardian, but feel there are times when you would be unable to convey information about your disability to police, you are encouraged to register.

You will need a contact person (family member, caseworker, care provider) to sign the form as a witness to your informed consent. You will fill out the registration form and the contact person will fill out the 'associates' information including relationship and will sign the 'witness' line.

GUARDIAN REGISTRATION

Persons with legal guardianship or power of attorney over individuals may register them for this program by filling out the registration form and submitting it along with a certified copy of the guardianship or power of attorney documentation.

PLEASE NOTE: Registrations must be updated annually. Renewals will be notified 60 days prior to expiration. You may withdraw from the registry or change your information at any time. ***It is the responsibility of the individual, guardian or parent to keep the information updated and accurate.***

TO REGISTER:

- Complete the registration accurately and in its entirety.
- Contact the Salem Police Volunteer Services section at (503) 588-6499, ext. 1 to schedule an appointment for the registration.
- A photograph of the registrant (head and shoulders) is needed for the registration. A recent picture of the registrant may be brought to the appointment or electronic copies of the photos may be emailed to the program coordinator. If there are no recent pictures readily available, please notify the program coordinator when you schedule the appointment and a photo will be taken at that time.

SPECIAL CITIZEN REGISTRATION FORM

If you need assistance completing this registration form, contact the program coordinator at (503) 588-6499, ext. 1

LAST NAME | FIRST NAME | MIDDLE NAME | NICKNAME/ALIAS

STREET ADDRESS | HOME PHONE | WORK PHONE | CELL PHONE

DATE OF BIRTH | GENDER | RACE | HEIGHT | WEIGHT | EYE COLOR

HAIR COLOR | HAIR STYLE | HAIR LENGTH | COMPLEXION | FACIAL HAIR | GLASSES DESC

BUILD | TEETH | SPEECH | DISTINGUISHING MARKS (MOLES, BIRTH MARKS, SCARS, PROSTHETICS, ETC.)

OREGON ID # | OCCUPATION | EMPLOYER | EMPLOYER ADDRESS | EMPLOYER PHONE

Please provide a brief description of the disability, medical issues and information that may be helpful in communicating with this individual. Include the individual's primary language (English, Spanish, ASL, note-writing, non-verbal, etc). You can attach an extra sheet of paper, if needed. Also include a photograph of the registrant (head and shoulders) or call the program coordinator to set up an appointment for a photograph to be taken. Electronic copies of photos may be emailed to the program coordinator.

Example 1: John is autistic, non-verbal, hypersensitive to touch. John likes bodies of water and wanders toward playgrounds and schools. He may shake hands repeatedly when stressed or excited and responds well to his nickname, Buddy.

Example 2: Susan suffered a stroke and has difficulty with speech and hearing. She may appear intoxicated at times. She is also an insulin diabetic and is enrolled in the MedicAlert Safe Return programs.

Registrant description: _____

Please complete the following for the registrant's associates (parents, grandparents, and other care providers. Please answer every question.

NAME | STREET ADDRESS | HOME PHONE

DATE OF BIRTH | GENDER | RELATIONSHIP TO REGISTRANT | WORK PHONE | CELL PHONE

NAME | STREET ADDRESS | HOME PHONE

DATE OF BIRTH | GENDER | RELATIONSHIP TO REGISTRANT | WORK PHONE | CELL PHONE

NAME | STREET ADDRESS | HOME PHONE

DATE OF BIRTH | GENDER | RELATIONSHIP TO REGISTRANT | WORK PHONE | CELL PHONE

Waiver: The undersigned hereby releases this information to be entered into the PRIORS record system for use by public agencies as governed by Oregon Public Records Law.

SIGNATURE OF REGISTRANT | DATE

SIGNATURE OF PARENT, GUARDIAN OR LEGAL REPRESENTATIVE | DATE

SIGNATURE OF WITNESS | DATE