

# Manville Police Department

2 North Main Street  
Manville, NJ 08835



908-725-1900  
Fax 908-725-7677

## Operation Blue Angel Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

### REASON FOR APPLICATION:

\_\_\_\_\_ I am 55 years of age or older and live alone or am alone on a frequent basis.

\_\_\_\_\_ I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent basis.

### DESCRIBE YOUR MEDICAL CONDITION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Address: _____	Home Address: _____
Home Number: _____	Home Number: _____
Cell Number: _____	Cell Number: _____

### PET INFORMATION:

Dog(s)  Yes  No If Yes, how many and what breeds? \_\_\_\_\_  
Cat(s)  Yes  No If Yes, how many? \_\_\_\_\_

### LIVING WILL INFORMATION:

Do you have a living will or Do Not Resuscitate (DNR) Form?  Yes  No  
If yes, where is it located? \_\_\_\_\_

LOCATION: (INTERNAL USE ONLY)

\_\_\_\_\_  
\_\_\_\_\_

Schackle Code: \_\_\_\_\_

**EACH RESIDENT (over the age of 18 years) AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.**

Signature of Program Participants:

\_\_\_\_\_  
Program Participant (Please Print)                      Program Participant (Please Print)

\_\_\_\_\_  
Program Participant (Please Print)                      Program Participant (Please Print)

Date: \_\_\_\_\_

NOTARY PUBLIC:

SWORN AND SUBSCRIBED BEFORE ME:

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

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

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

MY COMMISSION EXPIRES: \_\_\_\_\_

**Internal Use Only**  
Entered into CAD Date \_\_\_\_\_ Signature/ID \_\_\_\_\_

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## LIABILITY RELEASE:

In consideration of my participation in Operation Blue Angel, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representative, to indemnify and hold harmless the Borough of Manville and their respective employees, officers, and attorneys from and against any and all claims, SUITS, JUDGMENTS, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in the Operation Blue Angel. The undersigned acknowledges and agrees that the undersigned participation in the Operation Blue Angel is voluntary and that said program is being offered only as a courtesy. I also understand and agree Operation Blue Angel is not intended in any way whatsoever to create or impose a special duty on the Manville Police Department or Borough of Manville and their respective employees, officers, and attorneys regarding the undersigned's safety or well-being.

## CONDITIONS:

Under the Operation Blue Angel, the undersigned has voluntarily agreed to participate in the program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed, police personnel can only use the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, fire and police personnel may not be able to, nor have the time to, use the lock box system. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion and gain entry to the undersigned's home by the fastest means possible. However, emergency personnel will use their best efforts to utilize the lock box when time and the situation permits.

       I UNDERSTAND THAT OPERATION BLUE ANGEL IS NOT A "LOCK OUT SERVICE" FOR ME, MY FAMILY OR MY FRIENDS. ONLY EMERGENCY PERSONNEL AND ACTUAL PARTICIPANTS WILL BE GRANTED ACCESS AND EXCESSIVE REQUESTS FOR NON-EMERGENT ACCESS WILL RESULT IN TERMINATION OF MY PARTICIPATION IN OPERATION BLUE ANGEL AND WILL RESULT IN THE REMOVAL OF THE LOCKBOX.

Please note: If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator at (908)725-1900 so that we can remove it or change the key placed in the lockbox. Thank you.