

Voluntary Registration Form

IMPORTANT: Please review the following before completing, signing or submitting this form: Responding to this form is strictly voluntary. The information on this form will be added to the Kearney Police Department / Buffalo County Sheriff's Office record management system and may be distributed to emergency responders in order to better care for you or your family members. The city respects your right to confidentiality and will strive to ensure that your personal information remains confidential. However, by definition of this form, once submitted, is a public record, and may be subject to disclosure under Neb. Stat. 84-712.01, except as otherwise exempt by law. By completing this form, I acknowledge that the information provided here in is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire and Emergency Response Departments in more effectively responding to a potential emergency in or near my residence, or with the named individual. I, therefore, authorize the use of this information for those purposes

Last Name: _____ First Name: _____ Middle Name: _____ Name Suffix: _____

Address: (Number) _____ Street _____ Apt # _____

City: _____ Zip: _____

Home Phone (Landline): _____ Mobile Phone (Cellular): _____

Race: _____ Sex: _____ Date of Birth: _____ Age: _____ Driver's License # _____

Height: _____ Weight: _____ Marital Status: _____ Hair: _____ Eyes: _____

Scars, Marks or Tattoos: _____

Physical Characteristics (i.e. wears glasses, has a beard, etc...): _____

Maiden Name, Nickname or Other Names Known as: _____

Is there a special interest that your loved one is drawn to? (i.e. Trains, water, woods, parks, malls, etc....) _____

Has your loved one ever ran away or been reported missing? _____ If so, where were they found? _____

Is the registered person verbal or non-verbal? (Explain) _____

Does the registered person fear the police or fire / EMS or emergency vehicles? (Explain) _____

Does your loved one have any triggers? (i.e. Lights, sirens, loud radio noise)

If your loved one becomes confrontational, how could officers calm them without your presence? _____

Contact Person #1:

Last Name: _____ First Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Home Phone (landline): _____ Mobile Phone (Cellular): _____

Employer: _____ Work Phone: _____

Date of Birth: _____ Email: _____

Check (if applicable) Lives with Closest Living Relative

Contact Person #2:

Last Name: _____ First Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Home Phone (landline): _____ Mobile Phone (Cellular): _____

Employer: _____ Work Phone: _____

Date of Birth: _____ Email: _____

Check (if applicable) Lives with Closest Living Relative

Please Attach Recent Photograph (can be scanned in and returned)

Other Information / behaviors (i.e. Wanders, sundowners, other medical condition, etc....) _____

WAIVER (Must be completed by a spouse or legal guardian)

I, (person requesting) _____, (relationship) _____,

am requesting an alert be placed on (Name) _____

for safety purposes, along with an alert on their residence (Address) _____

_____ .

This information will be used to assist first responders (Law Enforcement, Emergency Medical Services, Fire Department).

SIGNATURE

DATE

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Internal Use Only:

Entered CAD Premise

Entered RMS Name Alert