



FONTANA POLICE DEPARTMENT

You Are Not Alone (YANA) Program Application

THIS FORM MUST BE SIGNED PRIOR TO PARTICIPATION

APPLICANT'S FULL NAME _____

ADDRESS _____

PHONE _____ CELL PHONE _____

ENROLLMENT DATE _____ END DATE _____

DATE OF BIRTH _____ EMAIL _____

VISIT PREFERENCES

PREFERRED DAY FOR CONTACT ☐ MON ☐ TUE ☐ WED ☐ TH ☐ FRI ☐ SAT

PREFERRED TIME _____ AM OR PM - (CIRCLE)

RELIGIOUS PREFERENCE IF ANY _____

MEDICAL

MEDICAL CONDITIONS (That might affect your ability to answer the door or phone)

DIABETES ☐

HEART CONDITION ☐

ALZHEIMER'S ☐

DEMENTIA ☐

HEARING LOSS ☐

IMMOBILITY ☐

OTHER:

PETS

PETS ON PREMISES ☐ YES ☐ NO TYPE OF ANIMALS _____

LOCATION OF ANIMALS ☐ HOUSE ☐ BACKYARD ☐ GARAGE ☐ OTHER _____

WEAPONS

GUNS ON PREMISES ☐ YES ☐ NO TYPE _____

LOCATION (S) _____

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FONTANA POLICE DEPARTMENT
17005 UPLAND AVE. FONTANA, CA 92335
WWW.FONTANACA.GOV

ALARM

ALARM TYPE ☐ NONE ☐ AUDIBLE ☐ SILENT ☐ MONITORED

ALARM COMPANY _____ PHONE _____

EMERGENCY CONTACT #1 INFORMATION

NAME _____

RELATIONSHIP _____ PHONE/CELL PHONE _____

ADDRESS _____

HAS KEY ☐ YES ☐ NO

HAS ALARM CODE ☐ YES ☐ NO

EMERGENCY CONTACT #2 INFORMATION

NAME _____

RELATIONSHIP _____ PHONE/CELL PHONE _____

ADDRESS _____

HAS KEY ☐ YES ☐ NO

HAS ALARM CODE ☐ YES ☐ NO

AUTHORIZED VEHICLES ON PREMISES

MAKE _____ MODEL _____ YEAR _____ PLATE _____

MAKE _____ MODEL _____ YEAR _____ PLATE _____

MAKE _____ MODEL _____ YEAR _____ PLATE _____

MAKE _____ MODEL _____ YEAR _____ PLATE _____

REGULAR VISITORS (CAREGIVER, HOUSE CLEANER, ETC./ ADDT. INFORMATION

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WAIVER

In signing this document, the above referenced person is requesting to be enrolled in the Fontana Police Department You Are Not Alone Program.

- As staffing permits, the Fontana Police Department Volunteers will attempt to contact you at your place of residence, every two weeks, on the pre-scheduled dates/times. Due to activity levels, this contact is not guaranteed.
- As staffing permits and/or if determined by the Fontana Police Department in connection with your participation in the program, anything that alludes to possible criminal conduct, abuse or neglect, are subject to reporting to the Fontana Police Department Sergeant, Nate Weiske.

Volunteers of the Fontana Police Department will not provide any medical assistance, service or advice; travel or transportation assistance; labor; or financial assistance or advice as part of the YANA Program.

In consideration for acceptance to this voluntary, no cost, public service program, you hereby acknowledge and agree to do the following:

- Verify the accuracy of all information provided on this application.
- Provide updates to information contained on this application as changes occur
- Provide prior notification to the Fontana Police Department Volunteers by calling 909-356-7107 and speaking to a member of the Volunteer Team or leaving a recorded message of the dates that you will be unavailable.
- To terminate participation in the YANA program, provide written notice to the Fontana Police Department Volunteers.
- Due to your participation in the YANA program, the City of Fontana, Fontana Police Department, Officers, employees and volunteers of the City may be provided a copy of your completed application. In submitting this application, you are authorizing the City of Fontana, Fontana Police Department, Officers, employees and volunteers of the City to use, disclose, or discuss this information with the emergency contacts you have identified or any emergency medical personnel.
- Due to your participation in the YANA program, you are consenting to all aspects of YANA service including, if necessary, forced entry into your residence to complete a welfare check, and summoning of emergency medical assistance. The City of Fontana, Fontana Police Department, Officers, employees and volunteers of the City, shall not be responsible for any damage to your residence caused by such forced entrance. Likewise, the City of Fontana, Fontana Police Department, Officers, employees and volunteers of the City, shall not be responsible for the costs of any emergency or subsequent medical care when emergency medical assistance is summoned by the volunteers or employees of the Fontana Police Department.

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WAIVER

- The Fontana Police Department, may, in its sole discretion, terminate this service at any time.
- Technical problems, scheduling problems, human error, or other problems may result in a failure of the service at any time.
- The City of Fontana, and the Fontana Police Department, do not represent, warrant or guarantee that the YANA program will protect or preserve your health or welfare.

I, the undersigned, acknowledge and agree to hold harmless, indemnify and defend the City of Fontana, the Fontana Police Department, officers, elected officials, agents, volunteers, boards, departments, and employees of the City from any and all actions or causes of action occurring or arising as a result of the purpose described herein or any activities incidental thereto wherever or however the same may occur, including but not limited to claims of other parties claiming financial interest in your residence or estate, and I do release, waive, discharge and relinquish any action or cause of action which may hereafter arise. It is the intention of the applicant to exempt and relieve the City of Fontana, Fontana Police Department, officers, elected officials, agents, volunteers, boards, departments, and employees of the City from all liability for any and all damages or injury related to, arising out of and/or caused in connection with the above program.

PARTICIPANT SIGNATURE _____ DATE _____

PARTICIPANT SIGNATURE _____

OFFICE USE ONLY

APPLICATION RECEIVED BY _____ DATE _____

COMMENTS:

CANCELLATION SIGNATURE

PARTICIPANT SIGNATURE _____ DATE _____

RECEIVED BY _____ DATE _____ TIME _____

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