

Snohomish County Sheriff's Office

You Are Not Alone (YANA) Program



THIS FORM MUST BE SIGNED PRIOR TO PARTICIPATION

Applicant's Full Name		Phone
Address		Cell Phone
Enrollment Date	Email	
End Date		
Preferred Day For Contact <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI		Preferred Time
MEDICAL CONDITIONS (Describe)		
PETS		
Animals on Premises <input type="checkbox"/> Yes <input type="checkbox"/> No		Types of Animals
Location of Animal <input type="checkbox"/> House <input type="checkbox"/> Backyard <input type="checkbox"/> Garage <input type="checkbox"/> Other (describe):		
WEAPONS		
Guns on Premises <input type="checkbox"/> Yes <input type="checkbox"/> No		Type
Location(s)		

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 15928 Mill Creek BLVD Mill Creek, WA 98012

ALARM			
Alarm Type <input type="checkbox"/> None <input type="checkbox"/> Audible <input type="checkbox"/> Silent <input type="checkbox"/> Monitored			
Alarm Company Name		Alarm Company Phone No	
EMERGENCY CONTACT INFORMATION			
CONTACT 1			
Full Name		Relationship	Phone
Address		Cell Phone	
Has Key <input type="checkbox"/> YES <input type="checkbox"/> NO		Has Alarm Code <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTACT 2			
Full Name		Relationship	Phone
Address		Cell Phone	
Has Key <input type="checkbox"/> YES <input type="checkbox"/> NO		Has Alarm Code <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTHORIZED VEHICLES ON PREMISES			
Make	Model	Year	Plate
Make	Model	Year	Plate
Make	Model	Year	Plate
Make	Model	Year	Plate
ADDITIONAL INFORMATION			

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WAIVER

In signing this document, the above referenced person is requesting to be enrolled in the Snohomish County Sheriff's Office You Are Not Alone Program.

- As staffing Permits, The Snohomish County Sheriff's Office, Office of Neighborhoods, will attempt to contact you by phone one day each week for the purpose of doing a by phone person check. Due to activity levels, this contact is not guaranteed.
- As staffing permits and/or if determined, by the Snohomish County Sheriff's Office may also conduct in person welfare checks at the address provided.
- Situations observed by any employee or volunteer of the Snohomish County Sheriff's Office in connection with your participation in the program that alludes to possible criminal conduct, abuse or neglect are subject to reporting to the Snohomish County Sheriff's Office on-duty Sergeant.

Volunteers of the Snohomish County Sheriff's Office 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 Snohomish County Sheriff's Office by calling 425-388-7375 and speaking to a member of the Office of Neighborhoods or leaving a recorded message, of the dates that you will not be in the residence to respond to telephone or in person welfare checks.
- To terminate participation in the YANA program, provide written notice to the Office of Neighborhoods;
- Due to your participation in the YANA program, Snohomish County, the Snohomish County Sheriff's Office, deputies, employees and volunteers of the County may be provided a copy of your completed application. In submitting this application, you are authorizing Snohomish County, the Snohomish County Sheriff's Office, deputies, employees and volunteers of the County 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 the YANA service including, if necessary, forced entry into your residence to complete a welfare check, and summoning of emergency medical assistance. Snohomish County, the Snohomish County Sheriff's Office, officials, employees and volunteers of the County shall not be responsible for any damage to your residence caused by such forced entrance. Likewise, Snohomish County, the Snohomish County Sheriff's Office, officials, employees and volunteers of the County shall not be responsible for the cost of any emergency or subsequent medical care when

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emergency medical assistance is summoned by the volunteers or employees of the Snohomish County Sheriff's Office.

- The Snohomish County Sheriff's Office, 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.
- Snohomish County, the Snohomish County Sheriff's Office, 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 Snohomish County, the Snohomish County Sheriff's Office, officers, elected officials, agents, volunteers, boards, departments, and employees of the County from and against 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 Snohomish County, the Snohomish County Sheriff's Office, deputies, elected officials, agents, volunteers, boards, departments and employees of the County from all liability for any and all damages or injury related to, arising out of and/or caused in connection with the above described program.

Participant Signature: _____ Date: _____

SHERIFF'S OFFICE USE ONLY

Application Received By:

Date:

Comments:

CANCELLATION SIGNATURE

Participant Signature:

Date:

Date:

Time:

Received by:

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