

Does this person have any special medical needs. If so, please provide pertinent information below:
Additional Information:
Is there a photograph available of the person that you could provide to us? Please attach a copy to this enrollment form.

By my signature below I verify that I hold legal authority to provide this information (parent of minor child, legal guardian, legal conservatorship, power of attorney, etc.). I hereby provide consent to the Gilbert Police Department to maintain this information for use by their employees in the applicable databases, including but not limited to, computer-aided dispatch, records management systems, and a Special Interest Program notebook.

**Signature of Family Member/Guardian:**

**Date**

Cut here and return enrollment form

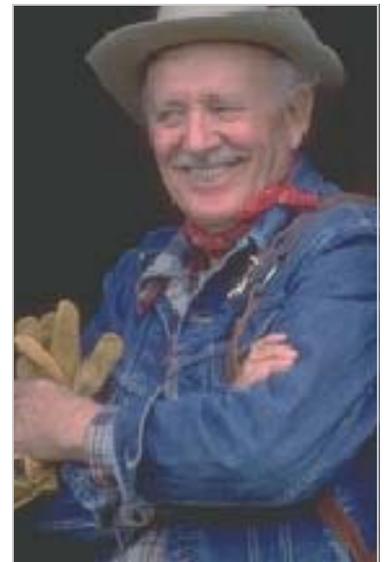
## How does the program work?

The Special Interest Program is a way to share useful information with officers during their contacts with persons who are unable to communicate basic information. The Program is completely voluntary and enrollment in the Program allows the Gilbert Police Department to enter applicable information into in-house databases. The person completing the enrollment form must have legal authority over the enrollee (parent of a minor child, court granted status as a guardian, or a properly executed power of attorney).

Often times, your loved one is located by officers prior to being reported missing or lost. Program enrollment allows the Gilbert Police Department to maintain information in a database that can be researched to help identify a person unable to communicate with the officer. Other information on the enrollment form can also aid in the identification process, for example, a description of physical characteristics, photographs, and the geographic area of their residence. This information can be critical to quickly returning a loved one to their home.

# Gilbert Police Department

## Special Interest Citizens Program



**(480) 503-6500**

# When caring may not be enough...

## Special Interest Program

The Gilbert Police Department is committed to providing the best service possible to all of its citizens, which includes persons who may have difficulty caring for themselves.

Officers occasionally come into contact with individuals who are not able to communicate basic information, such as their name, address, or phone number. The officer faces the challenge of identifying the person and determining where they live so they can ensure the person returns home safely. The inability to communicate may be attributable to circumstances that include, but are not limited to:



- Hearing impairments
- Autistic behavior
- Alzheimer's disease
- Other types of dementia
- Diabetic complications
- Developmentally disabled

## How do I enroll a loved one?

Complete an enrollment form and submit it to the Gilbert Police Department, Attention: Communications Administrator at the address listed below. There is a greater likelihood of effectively helping your loved one in a crisis when the enrollment form is completed in detail. Pertinent medical information, vehicle information and a recent photo should be attached to the form.

These records will be kept for one year. Just prior to the end of that year, you will receive a renewal letter asking if you wish to renew the enrollment.

Caring for a loved one who cannot look after his or her own well-being is an enormous task. This program can assist you in ensuring their safety.

## For more information, please contact:

**Gilbert Police Department—Communications**  
(480) 503-6500

**E-mail:** GPDCommSuper@gilbertaz.gov  
75 East Civic Center Drive  
Gilbert, Arizona 85296

## Special Interest Program Enrollment Form

<b>Name:</b>		Date of Birth:	
Reason for Special Interest:			
<b>Physical Description:</b>			
Hair Color	Eye Color	Height	Weight
Additional Physical Descriptors:			
Home Address:			
Home Phone:			
<b>Guardian/Caretaker Information:</b>			
Name:			
Address:			
Home Phone:		Cell Phone:	
Work Phone:		Pager:	
Does the person have access to or drive a vehicle? YES _____ NO _____			
If YES, please provide the vehicle information:			
License Plate Number: _____			
State: _____			
Vehicle Make and Model _____			
Vehicle Year and Color: _____			

Cut here and return enrollment form