

# Luray Police Department

## Senior Citizens Call Care Program

### ***APPLICATION FORM***

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Applicant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_  
(Must be within the corporate limits of Luray)

Phone (540) \_\_\_\_\_

Do you have any relatives living within the Town of Luray or Page County, Virginia? Yes \_\_\_ No \_\_\_  
Do you live alone? Yes \_\_\_ No \_\_\_

Please list below any health issues which the Department of Police should know about. Also list any and all current medications taken, and any other information you feel may be useful to the Department of Police in its service to you.

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(Use back of application if needed)

Name of your Physician & Phone # \_\_\_\_\_

Emergency Contact List:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

I would like to be called: \_\_\_\_\_ Daily (Monday-Friday)  
\_\_\_\_\_ Every Other Day (Monday-Wednesday-Friday)  
\_\_\_\_\_ Once a week on: \_\_\_\_\_

I would like to be contacted at the following time of day \_\_\_\_\_  
**(NOTE: Must be between 9:00 a.m. and 12:00 Noon)**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

***Department Use Only***

Chief of Police \_\_\_\_\_ Approved \_\_\_ Not Approved \_\_\_\_\_