

POCONO MOUNTAIN REGIONAL



POLICE DEPARTMENT

HARRY W. LEWIS
Chief of Police

HC 89 Box 200 • Route 940
Pocono Summit, Pennsylvania 18346
570-895-2400 570-839-7676

Fax:
570-895-2450

Telephone Call-In Information

“Community Policing – We Care”

This program is designed to provide added personal security to the elderly, disabled or ill, who live alone. The Pocono Mountain Regional Police Department will maintain a list of the individuals, emergency numbers, contact persons, keyholders and other information. Each day between 8 a.m. and 11 a.m., the participating person is to call the Police Department and “check-in” so that the Police know everything is fine and that they are well. If no call is received by 11 a.m. the Police will call them. If no response is obtained, an Officer will be dispatched to the residence to check on their well being.

INSTRUCTIONS

1. Complete the application in full. Give as much detail as possible. Make sure directions to your residence are clear.
2. Date, print your name and sign the release and Waiver of Liability and Indemnity Agreement.
3. Return the application to:
Pocono Mountain Regional Police Department
HC 89, Box 200
Route 940
Pocono Summit, PA 18346
When the application is received by the Police Department, it will be processed and a phone call made to you letting you know if the application is completed correctly. If it is completed correctly, your “check-in” will start.
4. When you receive the phone call that your “check-in” will start, you must phone the Police Department at the following telephone number between 8 a.m. and 11 a.m. everyday, EXCEPT SUNDAY.

(570) 895-2400

If you have any questions, please feel free to contact us at the above number.

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Telephone Call-In Information

Name _____ Phone No. _____ Date of Birth _____

Address _____

Directions to Your Residence _____

Family Doctor _____ Phone No. _____

Hospital _____

EMERGENCY CONTACTS/KEYHOLDER:

Name _____ Phone No. _____ Keyholder: Yes No

Name _____ Phone No. _____ Keyholder: Yes No

Name _____ Phone No. _____ Keyholder: Yes No

MEDICAL INFORMATION:

Confined to Wheel Chair: Yes No Heart Condition: Yes No

Other _____

Smoke Detectors: Yes No

Applying For: Permanent Temporary – Give Dates _____

OFFICE CLOSED ON SUNDAY – NO CALL-IN-EMERGENCY 911
Forms to be Returned to Pocono Mountain Regional Police-Address above

**RELEASE AND WAIVER OF
LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION for the Pocono Mountain Regional Police providing this telephone call-in service, THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Pocono Mountain Regional Police Commission, its employees, agents and servants, as well as the municipal governments which fund the Pocono Mountain Regional Police Department, for any damage, injury and/or death resulting from any claimed failure to provide this call-in service, or claim of improper performance of this call-in service, accepting for himself or herself the full responsibility for any and all such damage, injury and/or death.

THE UNDERSIGNED expressly acknowledges and agrees that this police call-in service is being offered to appropriate members of the general public on a gratuitous basis, and that for this reason THE UNDERSIGNED expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of Pennsylvania, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Date:

Print Name:

Signature: