



**NEWFIELDS POLICE & FIRE DEPARTMENT
"HELPFUL HANDS"
MEMBERSHIP FORM**



NAME: _____ DOB: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

FIRST EMERGENCY CONTACT

SECOND EMERGENCY CONTACT

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

DOES ANYONE HAVE A KEY TO YOUR HOME? (Circle) YES NO

NAME: _____ PHONE: _____

DO YOU HAVE ANY SPECIAL CONSIDERATIONS? (Circle) YES NO
 (circle all that apply) Difficulty Hearing Blind or Low Vision Wheelchair user
 Confined to Bed Limited Movement Oxygen Use

PLEASE EXPLAIN ANY SPECIAL CONSIDERATIONS:

DO YOU DRIVE? (Circle) YES NO

DESCRIPTION OF VEHICLE: _____ PLATE #: _____

DOCTOR'S NAME: _____ PHONE: _____

HOSPITAL PREFERENCE: _____