



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

SPECIAL CONSIDERATIONS: (circle which apply) Deaf or Hard of Hearing
Blind or Low Vision Wheelchair user Confined to Bed Limited Movement Other

PLEASE EXPLAIN ANY SPECIAL CONSIDERATIONS:

\_\_\_\_\_

DO YOU NEED SPECIAL MEDICATIONS OR HAVE ALLERGIES TO MEDICATIONS?

PLEASE EXPLAIN:

\_\_\_\_\_

DO YOU DRIVE? (Circle) YES NO

DESCRIPTION OF VEHICLE: \_\_\_\_\_ PLATE #: \_\_\_\_\_

\_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_