

# Barrett Township

Steven R. Williams  
Chief of Police



Telephone: (570) 595 – 3476  
(570) 992 – 9911  
Fax: (570) 595 - 9133

## Police Department

RR 2 Box 2337  
Cresco, PA 18326

### “Community Policing – We Care”

This program is designed to provide added personal security to the elderly, disabled, or ill residents of Barrett Township who live alone. The Barrett Township Police Department maintains a list of the participants in the "We Care" program, including their name, telephone number, and address. The police department also maintains a list of their emergency contacts, residence key holders, and other important information.

Each day between 9:00 A.M. and 11:00 A.M., the participating person is to call the Barrett Township Police Department at (570) 595 - 3476 and "check in", so that the police department knows everything is fine and they are well. If no call is received by 11:00 A.M., the police department will place a call to the participant. If the police department is unable to make contact with the participant, an officer will be dispatched to the participant's residence to check on their well being.

No "check in" calls are to be made on weekends or holidays.

#### Instructions

1. Complete the application in full. Give as much detail as possible. Make sure the directions to you residence are clear and precise.
2. Date, print your name, and sign the Release and Waiver of Liability and Indemnity Agreement.
3. Return the application to:

**Barrett Township Police Department**  
**Attn: We Care program**  
**RR 2 Box 2337**  
**Cresco, PA 18326**

4. When the application is received, it will be processed and you will receive a telephone call letting you know that the application is completed correctly, and your “check-in” calls can start.
5. If you will be on vacation or leaving for any length of time, please let us know the length of time you will be absent so we know you are ok while not calling in to the program.

If you have any questions, please feel free to contact us at (570) 595 – 3476.

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### Telephone Call-In Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Directions to your residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Emergency Contacts / Keyholders

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Keyholder? Yes No

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Keyholder? Yes No

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Keyholder? Yes No

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Keyholder? Yes No

#### Medical Information

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Confined to a wheel chair? Yes No Heart Condition? Yes No

Other important information:

\_\_\_\_\_  
\_\_\_\_\_

Smoke detectors? Yes No Med-Alert Alarm? Yes No

Applying for: Permanent Temporary If temporary, give dates: \_\_\_\_\_

**\*\* Return completed forms to the Barrett Township Police Department \*\***

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### Release and Waiver of Liability

In consideration for the Barrett Township Police Department providing the “Community Policing – We Care” call-in service, the undersigned, on behalf of himself / herself, and his or her heirs, estate, executors, administrators, successors and assigns, covenants not to sue and irrevocably and unconditionally waives, releases, and forever discharges the Barrett Township Police Department, the Township of Barrett, any employees, agents, servants, officers, directors, representatives, successors, and assigns, of and from all, and all manner of, actions and causes of actions, suits, damages, claims, demands, injury, and / or death arising out of, or in any way connected or related to, any claim of failure to provide, or claim improper performance of, this call-in service, accepting himself or herself the full and complete 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 him or her on a gratuitous basis, and that for this reason the undersigned expressly acknowledges and agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held illegal or invalid by a court of competent jurisdiction, the remainder shall continue in full force and effect.

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

IN WITNESS THEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, intending to be legally bound hereby.

Date: \_\_\_\_\_

Signature \_\_\_\_\_