

Gilford Police Department

Chief of Police
Anthony J. Bean Burpee

47 Cherry Valley Road
Gilford, NH 03249
(o) 603-527-4737
(f) 603-527-4749
Email: gilfordpd@metrocast.net



Operations Bureau
Lt. James G. Leach

Administrative Services
Lt. Kristian J. Kelley

Investigative Services Bureau
Det. / Sgt. Christopher M. Jacques

Prosecutor's Office
Sgt. Eric T. Bredbury

SENIOR CITIZEN CALL-IN PROGRAM

The Gilford Police Department's *Senior Citizen Call-In Program* serves Gilford residents by aiming to provide a sense of security for senior citizens, their families and friends. Often times, there can be many difficulties faced by seniors. This program is designed to keep our department in touch with community members and to provide additional security to senior citizens.

In order to participate in this program, senior citizens (or a designated family member or friend) are required to complete the attached paperwork and return it to the police department so that it may be kept on file.

Each day, seniors are to call the police department at **527-4737** by **9:00am** in order to speak and "check-in" with a public safety dispatcher. Each call will be logged for documentation purposes. If, for whatever reason, participating seniors do not call by 9:00am an officer will be dispatched to the residence in question to conduct a well-being check. If an officer cannot make contact with seniors then a below listed key-holder will be contacted so that the officer may enter the residence for a well-being check. If no key-holder is listed or available, the officer will be required to make every attempt possible at contacting seniors.

In the event senior citizens leave the Town of Gilford for an extended period of time they are respectfully requested to make contact with the police department in order to them know when they will be returning. Should enrolled seniors wish to withdraw from the program they simply need to call the police department and advise public safety dispatch personnel. From there, appropriate program changes will be made once confirmation has been made in determining seniors are who they say they are.

Should senior citizens, their families or friends have additional questions and/or concerns regarding this worthwhile program please do not hesitate to contact the Gilford Police Department.

***** All personal information is kept in strict confidence *****

Gilford Police Department

Chief of Police
Anthony J. Bean Burpee

47 Cherry Valley Road
Gilford, NH 03249
(o) 603-527-4737
(f) 603-527-4749
Email: gilfordpd@metrocast.net



Operations Bureau
Lt. James G. Leach

Administrative Services
Lt. Kristian J. Kelley

Investigative Services Bureau
Det. / Sgt. Christopher M. Jacques

Prosecutor's Office
Sgt. Eric T. Bredbury

SENIOR CITIZEN CALL-IN PROGRAM

Name: _____ DOB: _____

Address: _____

Telephone #: _____

Emergency Contact: _____

Address: _____

Telephone #: _____

Contact Relationship: _____

If I do not call the Gilford Police Department (GPD) by 9:00am each morning I give GPD and/or Gilford Fire Rescue personnel permission to enter my home by any reasonable means for the purpose of conducting a well-being check.

YES: _____ NO: _____ SIGNATURE: _____

As a *Senior Citizen Call-In Program* participant, I agree to contact GPD by 9:00am each morning for a "check-in", and agree to contact GPD in order to advise when I will be out of town for an extended period of time. I understand that I may opt out of this program at anytime by contacting GPD and requesting, upon confirmation, that I be removed from the program. I agree that in cases of medical emergencies or my death GPD will notify the contact person I have so designated above.

SIGNATURE: _____

SENIOR CITIZEN CALL-IN PROGRAM

*** OPTIONAL INFORMATION ***

Physician: _____ Telephone #: _____

Medical Condition(s): _____

Medication(s): _____

Allergies: _____

In the event of death, contact (name and #): _____

Next of kin (if different from above): _____

Key-holder (name and #): _____

Key-holder vehicle: Make: _____ Model: _____

Year: _____ State & Reg. #: _____

The above information may be shared with appropriate medical personnel should I require ambulance transportation to the hospital for medical emergencies.

YES: _____ NO: _____ SIGNATURE: _____

DATE: _____