



Santa Cruz Police Department

You Are Not Alone (YANA)

THIS FORM MUST BE SIGNED PRIOR TO PARTICIPATION

Applicant's Full Name		Phone
Address		Cell Phone
Enrollment Date	Email	
End Date		
Preferred Day for Contact <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT		Preferred Time
Medical Conditions (Optional)		
Pets		
Animals on Premises <input type="checkbox"/> YES <input type="checkbox"/> NO		Types of Animals
Location of Animal(s) <input type="checkbox"/> House <input type="checkbox"/> Backyard <input type="checkbox"/> Garage <input type="checkbox"/> Other (describe)		
Weapons		
Guns on Premises <input type="checkbox"/> YES <input type="checkbox"/> NO		Type
Location(s)		

Yana Participant Application

Santa Cruz Police Department, YANA Volunteers

155 Center St., Santa Cruz, CA 95060

scpdvolunteers@cityofsantacruz.com

831-420-5916

ALARM

Alarm Type None Audible Silent Monitored

Alarm Company Name

Phone Number

EMERGENCY CONTACT INFORMATION

Contact 1

Full Name

Relationship

Phone

Cell Phone

Address

Has Key YES NO

Has Alarm Code YES NO

Contact 2

Full Name

Relationship

Phone

Cell Phone

Has Key YES NO

Has Alarm Code YES NO

AUTHORIZED VEHICLES ON PREMISES

Make

Model

Year

Plate

Make

Model

Year

Plate

Make

Model

Year

Plate

Make

Model

Year

Plate

Regular Visitors (caregiver, house cleaner, etc.)/Additional Information

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WAIVER

In signing this document, the above referenced person is requesting to be enrolled in the Santa Cruz Police Department You Are Not Alone Program.

- As staffing permits, the Santa Cruz Police Department volunteer Team will attempt to contact you at your place of residence, bi-weekly, on the pre-scheduled dates/times. Due to activity levels, this contact is not guaranteed.
- As staffing permits and/or if determined by the Santa Cruz Police Department in connection with your participation in the program that alludes to possible criminal conduct, abuse or neglect are subject to reporting to the Santa Cruz Police Department on-duty Sergeant.

Volunteers of the Santa Cruz Police Department will not provide any medical assistance, service or advice; travel or transportation assistance; labor; or financial assistance or advice as part of the YANA Program.

In consideration for acceptance to this voluntary, no cost, public service program, you hereby acknowledge and agree to do the following:

- Verify the accuracy of all information provided on this application;
- Provide updates to information contained on this application as changes occur;
- Provide prior notification to the Santa Cruz Police Department Volunteer Team by calling 831-420-5916 and speaking to a member of the Volunteer Team or leaving a recorded message, of the dates that you will be unavailable.
- To terminate participation in the YANA program, provide written notice to the Santa Cruz Police Department Volunteer Team.
- Due to your participation in the YANA program, the City of Santa Cruz, Santa Cruz Police Department, Officers, employees and volunteers of the City may be provided a copy of your completed application. In submitting this application, you are authorizing the City of Santa Cruz, Santa Cruz Police Department, Officers, employees and volunteers of the City to use, disclose, or discuss this information with the emergency contacts you have identified or any emergency medical personnel.
- Due to your participation in the YANA program, you are consenting to all aspects of YANA service including, if necessary, forced entry into your residence to complete a welfare check, and summoning of emergency medical assistance. The City of Santa Cruz, Santa Cruz Police Department, Officers, employees and volunteers of the City shall not be responsible for any damage to your residence caused by such forced entrance. Likewise, the City of Santa Cruz, the Santa Cruz Police Department, Officers, employees and volunteers of the County shall not be responsible for the costs of any emergency or subsequent medical care when emergency medical assistance is summoned by the volunteers or employees of the Santa Cruz Police Department.

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- The Santa Cruz Police Department, may, in its sole discretion, terminate this service at any time.
- Technical problems, scheduling problems, human error, or other problems may result in a failure of the service at any time.
- The City of Santa Cruz, and the Santa Cruz Police Department, do not represent, warrant or guarantee that the YANA program will protect or preserve your health or welfare.

I, the undersigned, acknowledge and agree to hold harmless, indemnify and defend the City of Santa Cruz, the Santa Cruz Police Department, officers, elected officials, agents, volunteers, boards, departments, and employees of the City from and against any and all actions or causes of action occurring or arising as a result of the purpose described herein or any activities incidental thereto wherever or however the same may occur, including but not limited to claims of other parties claiming financial interest in your residence or estate, and I do release, waive, discharge and relinquish any action or cause of action, which may hereafter arise. It is the intention of the Applicant to exempt and relieve the City of Santa Cruz, the Santa Police Department, officers, elected officials, agents, volunteers, boards, departments and employees of the City from all liability for any and all damages or injury related to, arising out of and/or caused in connection with the above described program.

Participant Signature: _____ Date: _____

OFFICE USE ONLY		
Application Received by:		Date:
Comments:		
CANCELLATION SIGNATURE		
Participant Signature:		Date:
Date:	Time:	Received By:

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