

Vulnerable Persons Registry

Please enter all information that you wish to share and return with a coloured photograph to the Fredericton Police Force, 311 Queen St.

If you cannot print this form, you may pick up a paper copy at the front desk of the police station.

It is the applicant's responsibility to ensure that the information provided is current and valid, and that the Fredericton Police Force is notified of any changes by re-submitting the forms.

Who is completing the registration?	
Self	
Parent/Legal Guardian of child under 16 years old	
Other legal authority (e.g. Power of Attorney for personal care)	

Vulnerable Person's Information (Registrant)

Surname:	Given Names:	
Home Address:	Preferred Name/Nickname:	
	Date of Birth (YYYY-MM-DD):	
Phone:	Sex:	Preferred Pronouns:
Email:		
Employer/School:	Employer/School Address:	

Primary Contact Persons Information

Name:	Address:
Preferred Language:	Relationship to Registrant:
Phone (H):	Phone (W):
Email:	Phone (C):

Secondary Contact Persons Information (Optional)

Name:	Address:
Preferred Language:	Relationship to Registrant:
Phone (H):	Phone (W):
Email:	Phone (C):

Profile of Vulnerable Person

Height:	Weight:
Build:	Eye Color:
Hair Color/Style:	Facial Hair:
Ethnicity:	Languages Spoken:
Enrolled in Project LifeSaver with York Sunbury Search and Rescue (Please Circle One): <div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div>	
Unique Descriptors and/or Visible Identifying Marks (medical alert bracelet, marks, scars, tattoos etc.)	
Does the individual require assistive devices (hearing aids, dentures, glasses, wheelchair etc.)	
Current Living Arrangement (living alone, with family, care facility, etc.)	
Health/Medical Concerns (allergies, medications, medical conditions, etc.)	

Vulnerable Person Details

Wandering History (frequency)
Favourite attractions/locations where person may be (running water, fountains, parks etc.):
Best Method of Communication (talking, sign language, augmentative communication device, non-verbal etc):
Cognitive Abilities (examples: absolutely no understanding of issues of safety and danger, attention span, aware of surroundings, developmental age etc.)
Likes, Dislikes or Fears (toys, animals, colours, any sensory sensitivities to colour/noises/visuals?)
Best method of approach (de-escalation techniques that work well, best way to create calm, things to talk about to build rapport):
Any other relevant information that could be helpful (ex: things to avoid, topics that cause distress):

