

University of Oregon Police Department & Junction City Police Department



Vulnerable Persons Registry



The University of Oregon and Junction City Police Departments recognize that some members of our community may be vulnerable, have special needs, or may react differently when coming into contact with law enforcement or emergency services. With that in mind, we have created a Vulnerable Persons Registry. This registry is available to our community members and their caregivers who require special attention when interacting with law enforcement and other emergency services. Information provided is maintained in a confidential database available to emergency responders in order to provide a more informed response to vulnerable populations in the event of an incident involving a registered person.

This registry is primarily for people who live within the city limits of the Junction City Police Department or at a property owned or controlled by the University of Oregon. However, if you submit a registration and do not live in these areas we will forward your information with your approval to the appropriate jurisdiction and we will facilitate that agency contacting you. Please download this form and return it with a photograph to the Junction City of University of Oregon Police Department. If you cannot print this form, you may pick up a paper copy at the front desk of the University of Oregon or Junction City Police Departments.

Vulnerable Person	
Definition	This form allows community members to register vital information pertaining to vulnerable family members or other persons in their care. This information will be used to assist police and other emergency services personnel, in the event of an incident involving the registered person.
Examples	Alzheimer’s disease, Dementia, Parkinson’s, Autism Spectrum Disorder, Acquired Brain Injury, etc. Not all persons afflicted with these conditions need to be registered – only if the caregiver or family member believes that the affected person would benefit from sharing this information. This is a voluntary registry.

Identification of Vulnerable Person

Surname:	Given Names:
Home Address:	Date of Birth (YYYY-MM-DD):
	Sex:
	Phone:
Employer/School:	Employer/School Address:
Nicknames:	Responds to:

Caregiver Contacts

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

Medical Contacts

Name:	Address:
Preferred Language:	Relationship:
Phone(H):	Phone(W):

Vulnerable Person

Race:	Hair Colour:	
Complexion:	Hair Description:	
Height:	Eye Colour:	
Weight:	Languages Spoken:	
Remarks:		
Unique Descriptions:		
Wandering History: <input type="checkbox"/> None <input type="checkbox"/> Repeat (1 to 4 times) <input type="checkbox"/> Habitual (Over 4 times)		
Living Arrangement: <input type="checkbox"/> Alone <input type="checkbox"/> With Family <input type="checkbox"/> Institution:		
Other:		
Hearing Aids: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> N/A	Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> N/A	Visual Aids: <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> N/A
Health Concerns (Allergies, medication being taken, medical conditions, etc.):		
Visible Identifying Marks (Tattoos, scars, deformities, marks, amputations, etc.)		

Method of Communication:
(1) Is the person verbal or non-verbal? (2) What languages does the person speak? (3) What is the person's preferred method of communication?
Identification Worn:
Favorite attractions/locations where person may be or any fixations that may attract:

Best method of approach, what calms the person:
Life threatening medical concern:
Favorite toys, discussion topics, interests, likes and dislikes?
What fears, triggers, or sensitivities does the person have?
Does the person fear or will they run from Fire/PD/EMS/etc.?
Has the person had any sort of specialized training? Is the person former military? Former law enforcement? Is the person a former boxer or martial arts specialist?
Information should also include what first responders should NOT do:

It is acknowledged that it is your responsibility to ensure that the information so collected is current and valid, and that the University of Oregon or Junction City Police Departments is notified in writing of any changes.

Annual registration is required to keep your form active. It is the responsibility of the applicant to re-submit the form. It is recommended that you re-submit on the registrant's birthday to make it easier to remember.

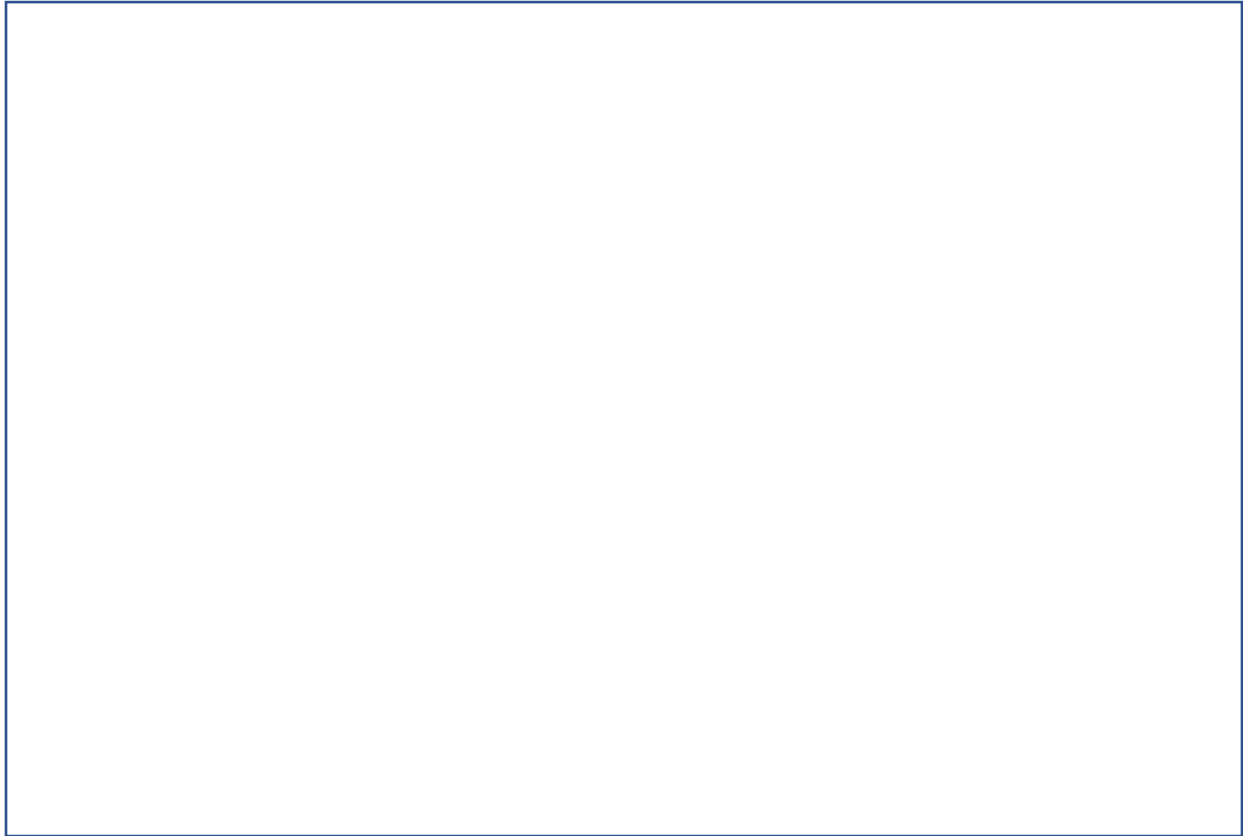
IMPORTANT: Please review the following before completing, signing, and submitting this form: Responding to this form is voluntary. The information on this form will be added to the UOPD's and JCPD's record management systems, and may be distributed to emergency responders in order to better care for you or your family members. We respect your right to privacy and will strive to ensure that your personal information remains confidential. However, this form, once submitted, is subject to disclosure under the Oregon Public Records Law, unless exempted from that law. By completing this vulnerable persons registry form, I acknowledge that the information provided herein is accurate and was submitted voluntarily for the purpose of assisting police, fire, and emergency response in more effectively responding to a potential emergency involving the vulnerable person. I consent to the use and sharing of this information for the above-stated purposes. I further acknowledge that it is my responsibility to update the information on the form as needed.

Signatures:

_____	_____	_____	_____
Registrant/Vulnerable Person	Date	Primary Caregiver/Responsible Party	Date
		(If someone is filling out for another)	

The undersigned releases the information on this form to be used as described above and to be entered into the police records management system for use by public agencies as governed by the Oregon Public Records Law.

Please include a recent photo of the Vulnerable Person below:



For more information contact the:

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