YOU ARE NOT ALONE (Y.A.N.A.) CHECK REQUEST FORM

ORANGE POLICE DEPARTMENT

1107 N BATAVIA, ORANGE, CA 92867-4615

FORM MAY BE MAILED, EMAILED, FAXED, OR DELIVERED TO OPD, ATTN: VOLUNTEER PROGRAM

QUESTIONS? CALL (714) 744-7328 **FAX**: (714) 744-7321 **EMAIL**: <u>volunteers@orangepd.org</u>

1 WEEK NO	OTICE NE	EDED	- SIGNATU	RE IS RE	QUIRED) AU	THORI	ZING	Υ.Α. Ν	I.A. CHE	<u>CK</u>
START DATE:			END D		ATE:						
ADDRESS:											
NAME:											
PHONE #		ALTER			ATE #:						
ALTERNATE/EMER	GENCY CON	ITACT(S)									
NAME CONTACT #1:					BEST PHONE #:						
ADDRESS:				I							
NAME CONTACT #2:					BEST PHONE #:						
ADDRESS:				_			1				
PROPERTY INFOR	RMATION:										
ANIMALS ON PREMISE? YES NO		TYPE OF ANIMAL:			LOCATION ON PREMISE (example: backyard, inside):						
ALARM? YES NO		ALARM COMPANY NAME:			ALARM COMPANY PHONE NUMBER:						
BACKYARD ACCESS?		YES NO			SIDE YARD ACCESS?			?	YES _	NO _	
AUTHORIZED PERSON(S) ON PREMISES (EXAMPLE: RELATIVE, FRIEND, GARDENER, ETC.)											
NAME:			NAME:	NAME			:				
PHONE #:			PHONE #:	PHONE			: #:	#:			
HEALTH INFORMATION YOU WOULD LIKE TO SHARE WITH US:											

I AGREE THAT ALL ABOVE INFORMATION IS ACCURATE. I ALSO AGREE TO ALLOW ORANGE POLICE

DATE:

SIGNATURE:

DEPARTMENT PERSONNEL TO CONDUCT A Y.A.N.A. CHECK AT MY RESIDENCE.

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PRINT NAME: