



**CORNWALL POLICE SERVICE**  
**VULNERABLE PERSON REGISTRY**  
**FOR VULNERABLE INDIVIDUAL**



Are you completing this registration for yourself? Yes  No

Are you a new registrant of the Vulnerable Person Registry? Yes  No

(If no, please enter existing Registration Number – i.e. CL18000136): \_\_\_\_\_

PERSONAL INFORMATION		
First Name:	Last Name:	
Middle Name:	Other Name(s):	
Date of Birth (yyyy/mm/dd):	Age:	Gender:
Address:		Apartment/Unit #:
City:	Province:	Postal Code:
Phone Number:	Alternative Phone Number:	
Email Address:		
Race:	Height (ft/in):	Weight (lbs):
Eye colour:	Hair colour:	Facial Hair? Yes <input type="checkbox"/> No <input type="checkbox"/>
Languages Spoken (select all that apply): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	Do you have any other distinguishing marks (tattoos, scars, birthmarks or prosthetics)? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please list:	
PREVIOUS ADDRESSES		
Address:	City:	Province:
EMPLOYER INFORMATION		
Employer/Place of Work:	Address:	
City:	Province:	

Phone Number:	Contact Name:
<b>TRANSPORTATION INFORMATION</b>	
<p>How do you usually travel? (Select the method you use most often)</p> <p><input type="checkbox"/> I drive myself</p> <p><input type="checkbox"/> Someone else drives me</p> <p><input type="checkbox"/> Taxi cab</p> <p><input type="checkbox"/> City bus</p> <p><input type="checkbox"/> I walk</p> <p><input type="checkbox"/> Other: _____</p>	<p>If you often <b>drive yourself or are driven by someone else</b>, please provide information about the vehicle:</p> <p>Make: _____</p> <p>Model: _____</p> <p>Colour: _____</p> <p>Licence Plate: _____</p>
Do you have a valid driver's licence: Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's Licence Number (if applicable):
<b>MEDICAL INFORMATION</b>	
<p>Do you have a family physician? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, who is your family physician?</p>	<p>Who should we contact in case of an emergency?</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone number: _____</p>
<p>Do you have a diagnosed condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is your diagnosed condition?</p>	Preferred Method of Communication: (i.e. non-verbal, prefers to express through writing)
Do you have a tendency to wander? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where?
<p>What are your favourite attractions/places to go:</p> <p>If none, please mark N/A <input type="checkbox"/></p>	Best way to approach or not approach you: (i.e. do not touch)
<p>Do you have any life-threatening medical concerns: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what are they:</p>	
<p>Do you have a daily routine? If yes, what do you usually do? (i.e. daily walks, visits, etc.). If none, please mark N/A <input type="checkbox"/></p>	

Please list any medical devices you have (i.e. hearing aids, walker, cane, insulin pump, etc.). If none, please mark N/A

Which pieces of identification do you normally carry? (Driver's licence, health card, etc.)

Please list any cell phones, tablets, or devices that can be tracked (list device/serial number if possible). If none, please mark N/A

### ADDITIONAL INFORMATION

Please provide any additional information that may be beneficial to police. If none, please mark N/A

### PHOTOGRAPH

Please attach a clear photograph of yourself and submit with the application.

Photo provided: Yes  No

### PRIVACY POLICY

Through this form, the Cornwall Police Service (CPS) will collect information that can identify you or a family member. Such identifying information may include your name, date of birth, e-mail, address, mailing address and other similar information ("personal data") when it is voluntarily submitted under Sec 29(1)(a) MFIPPA.

The CPS will use your personal data to respond to requests you make of us and/or interacting with the person name.

We may refer to your personal data to better understand your needs and how we can improve our services in relation to you and/or your family.

This information may be accessed by other police agencies through the Police Information Portal however, consent must be provided for the use of such information.

The CPS will share this information with Cornwall SD&G Emergency Medical Services and Fire Departments. This information is used for emergency purposes only.

It is acknowledged that it is your responsibility to ensure that the information collected is current and valid, and that the CPS is notified in writing of any changes. Please record the date that you are filing this registration. After one year, you will be required to verify that the information is still accurate. The retention, as well as any other use or disclosure, of the information will be dictated by the requirements under the Municipal Freedom of Information and Protection of Privacy Act. R.S.O. 1990, c. M.56

I certify that I have read and understood the Privacy Policy above and that the information provided by me in this registration is true and correct to the best of my knowledge.

Applicant's name (Please print): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_