



## **Vulnerable Persons Registry Form**

*A recent photo of the individual is required to complete registration form.*

**Vulnerable Person**     New Registration     Renewal

Diagnosis/Disability: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: (Please provide all the given names) \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit/Apt # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Employment / Educational Institute**

Employer/School: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit/Suite # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext. # \_\_\_\_\_

### **Physical Characteristics**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Complexion: \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Hair Style: \_\_\_\_\_ Facial Hair: \_\_\_\_\_

Facial Hair Colour: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Glasses /Contacts: \_\_\_\_\_

Hearing Device: \_\_\_\_\_ Communicates: Verbally \_\_\_ Non-Verbally \_\_\_

Best Method to Communicate: \_\_\_\_\_

Marks/Scars/Tattoos/Piercings – location and description: \_\_\_\_\_

Dominant Hand: (*please circle*)    Left    or    Right

Does the individual wear or carry any identification on them?  
(Please list)

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Please list areas where the individual may wander to, including favorite places, parks, shops, friend's/family's houses and previous addresses. (Please list)

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Does the individual have a set daily routine - *Example: walks, visits coffee shops, etc.?*  
(Please list)

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What is the best method to approach this individual? Include de-escalation techniques if required:

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Please list any life threatening medical concerns and medication required:

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Please provide any other relevant information:

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**If the person has access to a car please provide the following information:**

Make/Model & Year of Vehicle: \_\_\_\_\_

Colour of vehicle: \_\_\_\_\_ Licence plate number: \_\_\_\_\_

Registered Owner of the vehicle: \_\_\_\_\_

**Family Physician**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit/Apt # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

**Emergency Contact for Registrant: (if different from Legal Guardian below)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit/Apt # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**This form must be completed by the Vulnerable Person's Legal Guardian**

Registration form completed by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Registrant: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit/Apt # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please read the following privacy policy and sign below:**

**Vulnerable Person Registry  
PRIVACY POLICY**

Through this form, Barrie Police Service (BPS) 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.

BPS 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.

Barrie Police Service will share Barrie Police Service will share this information with Barrie 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 BPS is notified in writing of any changes. 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 hereby declare that the information provided in this document is true and correct to the best of my knowledge, and have read and accept the privacy policy above.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Registration Form To:**

Att'n Crime Prevention Officer  
Barrie Police Service  
29 Sperling Drive, Barrie, ON  
L4M 6K9

**OFFICE USE ONLY**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_