



Vulnerable Persons Registry Form

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

Vulnerable Person

New Registration

Renewal

Diagnosis/Disability: _____

Surname: _____

Given Names (Please provide all the given names): _____

Nickname: _____

Gender: _____ Date of Birth: _____

Street Address: _____ Unit/Apt # _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Employment / Educational Institution

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: Left Right

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

Are there any areas where the individual may wander to, including favourite places, parks, shops, friend's/family's houses, and previous addresses? *(Please list)*

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

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

Please list any life-threatening medical concerns and medication required:

Please provide any other relevant information:

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: _____

This form must be completed by the Vulnerable Person or their Legal Guardian/Caregiver

Registration form completed by: Vulnerable Person Legal Guardian Caregiver

Date of Birth: _____ Relationship to Registrant: _____

Street Address: _____ Unit/Apt #: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Emergency Contact for Registrant (if different from information above):

Name: _____ Relationship: _____

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, email, address, mailing address and other similar information (“personal data”) when it is voluntarily submitted under Sec 29(1)(a) *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*.

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

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.

BPS 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 *MFIPPA 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:

Attention: Crime Prevention Officer
Barrie Police Service
110 Fairview Road
Barrie ON L4N 8X8

OFFICE USE ONLY

Approved by: _____

Date: _____

Occurrence # _____