CHAMPAIGN COUNTY SHERIFF'S OFFICE
Sheriff Chad M. Burroughs
308 Miami St. Suite B Urbana, Ohio 43078
Phone: 937-484-6091 Fax: 937-484-6093

YOU'RE NOT ALONE CHAPLAIN PROGRAM APPLICATION

Name: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Living Situation:

□ Live Alone □ Live with Spouse □ Live with Family □ Assisted Living □ Other

Preferred Contact

Preferred Day(s): _____

Preferred Time: □ Morning □ Afternoon □ Evening

Best Telephone Number: _____

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone: _____

Alternate Phone: _____

Medical Information (Optional)

Medical conditions you would like us to know about: _____

_____

_____

Is there anything you would like your Chaplain to know?:_____

_____

_____

Authorization

I voluntarily request participation in the Champaign County Sheriff's Office "You're Not Alone" Chaplain Program.

I understand this program provides scheduled wellness telephone calls and companionship through the Chaplains Division.

I understand this program is not an emergency service and should not be relied upon in place of calling 911 during emergencies.

I authorize the Champaign County Sheriff's Office to contact my listed emergency contact if I cannot be reached after reasonable attempts

I understand I may withdraw from the program at any time.

Participant Signature: _____ Date: _____

Sheriff's Office Use Only

Date Application Received: _____

Chaplain(s) Assigned: _____

Date Participant Contacted: _____

Weekly Call Day: _____ Weekly Call Time: _____

Assigned Chaplain Signature: _____