



Goodyear Police Department

Vulnerable Population Database Registration



Please complete the following information and return to the Goodyear Police Department, located at 11 N. 145th Ave, Goodyear AZ 85338. The form with attached photograph may also be emailed to:

gypdvulnerablepopulationreg@Goodyearaz.gov

Person to be registered:

Last Name: _____ First: _____ MI: _____

Sex: _____ Race: _____ DOB: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone : _____ Cell: _____

Height: _____ Weight: _____ Complexion: _____ Ethnicity : _____

Hair: _____ Hair Style: _____ Eyes: _____

Scars, Tattoos: _____ Build: _____ Hand (L/R) _____

Occupation: _____ Employer: _____

Employer Address: _____

Primary Contact:

Last Name: _____ First: _____ MI: _____

Relation: _____ Sex: _____

D.O.B _____ Race: _____

Home address: _____ Apt #: _____

City _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Mark preferred/easiest method of contact: Home _____ Work _____ Cell _____ E-Mail: _____

Occupation: _____ Employer: _____

Employer Address: _____

Secondary Contact:

Last Name: _____ First: _____ MI: _____

Relation: _____ Sex: _____

D.O.B _____ Race: _____

Home address: _____ Apt #: _____

City _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Mark preferred/easiest method of contact: Home _____ Work _____ Cell _____ E-Mail: _____

Occupation: _____ Employer: _____

Employer Address: _____

Third Contact:

Last Name: _____ First: _____ MI: _____

Relation: _____ Sex: _____

D.O.B _____ Race: _____

Home address: _____ Apt #: _____

City _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Mark preferred/easiest method of contact: Home _____ Work _____ Cell _____ E-Mail: _____

Occupation: _____ Employer: _____

Employer Address: _____

Vulnerable Person Details:

Diagnosis/Disability (check all that apply):

- ☐ Autism/Asperger's Syndrome
- ☐ Deaf/Low Hearing
- ☐ Alzheimer's Disease/Dementia
- ☐ Diabetic
- ☐ Intellectual Disability
- ☐ Other Diagnosed Mental Health Issue

Communication methods (check all that apply):

- | | |
|--|--|
| ☐ Verbal | ☐ Non- verbal |
| ☐ Picture Exchange Communication System | ☐ Sign Language (ASL) |
| ☐ Speech Difficulty | ☐ Non- Communicative |
| ☐ Language other than English: _____ | |

Special Considerations (check all that apply):

- | | |
|---|---|
| ☐ Combative | ☐ Combative if restrained |
| ☐ Disrobes or prefers nudity | ☐ Fear of Dogs |
| ☐ Hugs | ☐ Light Sensitive |
| ☐ Noise Sensitive | ☐ Paranoia |
| ☐ Repeats Phrases | ☐ Run Tendency |
| ☐ Self-stimulatory Behavior | ☐ Sensitive to Stimulation |
| ☐ Touch Sensitive | ☐ Unresponsive to Strangers |
| ☐ Water Fixation/ attraction | ☐ Fear of officers or uniformed
Individuals |
| ☐ Other: _____ | |

Additional Details:

Please List any additional details not mentioned above: _____

Registered Person Vehicle Information:

If the registered person can drive, please include the following information for the vehicle they are most likely

To operate:

Make : _____ Model: _____ Year: _____

Color: _____ License State: _____ License Plate: _____

Vehicle Identification Number (VIN): _____

Photograph:

Include or attach a single photograph of the person to be registered. The image should be of good contrast

And show the subject in a well-lit condition.

Date Of photograph: _____ Age in Photograph: _____

Acknowledgement

I understand and acknowledge that:

- The Goodyear Police Department will retain the listed information and utilize it to respond to calls for service involving the registered person. It will be used to promote positive interactions with the subject and if applicable, used to return the person home or to a responsible person(s).
- The Goodyear Police Department will not share or distribute the personal information provided except as required by law and will use it solely for the purposes stated in this document.
- It is my responsibility to ensure the information submitted is current and accurate and to notify the Goodyear Police Department in writing of any changes.
- Unless I withdraw the information above, the Goodyear Police Department will retain the information provided for a period of three years, after which it will be purged from the system. Before it is purged, the Goodyear Police Department will send notice to me at the address I provide to determine if I want the information to remain on file for another three years. If the Goodyear Police Department is unable to contact me at the provided address, I understand that the information will be purged
- I may request that the information in this form be withdrawn at any time.

By signing below, I certify that I have the authority to submit the listed information on behalf of the person to be registered. I understand the terms of this document and consent to the use of the information for the stated purpose.

Signature: _____ Date: _____

Print Name: _____

By checking this box, I am requesting that this registration be shared with the Goodyear Fire Department.