

**LIVINGSTON POLICE DEPARTMENT  
Blue Star Program Application**

Please **PRINT** all information except for signature:

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Building # \_\_\_\_\_ Apartment # \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Social Security Number (Req) \_\_\_\_\_

Location of entry door that opens with key provided: \_\_\_\_\_

Does the applicant wear a medical alert bracelet or ID? Yes \_\_\_ No \_\_\_

Does the applicant have a Living Will or other Medical Directive? Yes \_\_\_ No \_\_\_

*If answer to above is "Yes," **PLEASE PLACE A COPY OF THE DOCUMENT ON THE FRONT OF THE APPLICANT'S REFRIGERATOR** to help insure that the medical personnel can find it.*

Please list the applicant's known medical problem(s), so that if they are incapacitated the Emergency Medical Service personnel understand their medical history prior to treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medications (with dosages) that the applicant is currently taking on a regular basis:

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Member or Friend(s) to be contacted in case of emergency (Please list in order of priority):

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**POLICE RECORD ROOM USE ONLY**

Application Processed by (Name): \_\_\_\_\_ Date: \_\_\_\_\_

Assigned Blue Star Key #: \_\_\_\_\_ Door that key provided opens: \_\_\_\_\_

Key given to Program Coordinator (Name) \_\_\_\_\_ Date: \_\_\_\_\_

**LIVINGSTON POLICE DEPARTMENT  
Blue Star Program Participant Waiver**

**This waiver must be read and signed by the Livingston Police Department Blue Star program applicant, and must accompany the Blue Star Program application and the applicant's key.**

This waiver is authorized by \_\_\_\_\_, a Livingston resident who lives at \_\_\_\_\_ . I understand that reading and signing this waiver is a requirement for participation in the Blue Star Program.

I have applied for the Livingston Police Department's Blue Star Program, and have provided the Department with a key to my residence. I hereby authorize members of the Livingston Police Department to utilize the key to my home to gain entry in case of a true emergency, and/or when there is reasonable cause to believe that my health, safety, or welfare has been compromised and that I may be physically unable to call for assistance or admit emergency service personnel to my home. If necessary, police officers gaining entry using this key may summons and admit to my home additional emergency services personnel, including the Fire Department, First Aid Squad, and/or Advanced Life Support Paramedics for the purposes of protecting and treating me in an emergency.

In authorizing Livingston Police, Fire, and Emergency Medical personnel to use the key to gain entry to my home to ascertain my welfare and/or assist me during an emergency, I indemnify and hold harmless all members of the Livingston Police and Fire Departments, the Livingston First Aid Squad, and/or any additional emergency or medical personnel summoned to assist me, from any and all liability, personal and property-wise, arising from such entry.

I understand that the Livingston Police Department shall store the key provided by me with the utmost security and care, and shall ensure that it is accessible only to essential supervisory personnel and any police officer responding to my home on a request for assistance (in which I cannot physically allow entry), OR in cases where the Livingston Police Department receives information sufficient to enter my home to ascertain my health, safety, and well-being.

APPLICANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ACCEPTED BY (LPD): \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_