

9/11/2013



**PRINCE WILLIAM COUNTY  
OFFICE OF THE SHERIFF**



**Project Lifesaver Client/Caregiver  
Application**

Glendell Hill  
Sheriff

This application is designed for Custodial Care Givers to apply for participation in the Prince William County Sheriff's Office Project Lifesaver program. By completing and submitting this form plus questionnaire you will be considered for participation in Project Lifesaver, and assigned a place on the waiting list. Clients will be taken off the waiting list and put into Project Lifesaver on a first come – first served basis.

**Client Information**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male/Female (circle)

Name of Spouse: \_\_\_\_\_ Living/Deceased (circle)

What disorder does the Client have? \_\_\_\_\_

Ever been lost before? Yes/No (circle) Where/When: \_\_\_\_\_

How was he/she found and by whom? \_\_\_\_\_

Were Law Enforcement Authorities notified? Yes/No (circle) Agency: \_\_\_\_\_

**Caregiver Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Signature of Caregiver: \_\_\_\_\_

**Return to: Project Lifesaver Program  
Prince William County Sheriff's Office  
9311 Lee Ave. Manassas Va. 20110**

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