



Saugeen Shores Police Service Vulnerable Person Registry Form

Vulnerable Person Information

This form must be completed by the Vulnerable Person's Legal Guardian

New Registration

Renewal/ Update

Diagnosis/Disability: _____

Surname: _____

Given Names: _____

Nickname: _____

Gender: _____ Date of Birth: _____

Primary Residential Address

Seasonal Residential Address

Street Address: _____ Unit/Apt # _____

City: Saugeen Shores

Province: Ontario

Postal Code: _____

Phone Number: _____ Cell Phone Number: _____ Service Provider: _____

Employment / Educational Institute

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-Verbal
Method of Communication: _____

Marks/Scars/Tattoos/Piercings

Body Location: _____ Description: _____
Body Location: _____ Description: _____
Body Location: _____ Description: _____

Does the individual wear or carry any identification on them?

Does the individual have an inclination to wander towards
specific areas and/or favorite attractions?

Does the individual have a set daily routine - *Example: walks, visits coffee shops, etc.?*

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

Please list any life threatening medical concerns:

Please list any medication that is required or any other relevant information:

If the person has access to a car please provide the following information

Make: _____ Model: _____ Year: _____
Colour: _____ Licence plate number: _____ Province: _____
Registered Owner of the vehicle: _____

Address History

Primary Residential Address

Seasonal Residential Address

Street Address: _____ Unit/Suite # _____

City: _____ Province: _____ Postal Code: _____

Previous Addresses

Street Address: _____ Unit/Suite # _____

City: _____ Province: _____ Postal Code: _____

Street Address: _____ Unit/Suite # _____

City: _____ Province: _____ Postal Code: _____

Street Address: _____ Unit/Suite # _____

City: _____ Province: _____ Postal Code: _____

Locations Frequented

Location Description: _____

Street Address: _____ Unit/Suite # _____

City: _____ Province: _____ Postal Code: _____

Location Description: _____

Street Address: _____ Unit/Suite # _____

City: _____ Province: _____ Postal Code: _____

Location Description: _____

Street Address: _____ Unit/Suite # _____

City: _____ Province: _____ Postal Code: _____

Family / Caregiver Information

Emergency Contact Custodial Parent Non-Custodial Parent Caregiver Sibling

Surname: _____ Given Names: _____

Gender: _____ Date of Birth: _____

Street Address: _____ Unit/Apt # _____

City: _____ Province: _____

Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Emergency Contact Custodial Parent Non-Custodial Parent Caregiver Sibling

Surname: _____ Given Names: _____

Gender: _____ Date of Birth: _____

Same as above:

Street Address: _____ Unit/Apt # _____

City: _____ Province: _____

Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Emergency Contact Custodial Parent Non-Custodial Parent Caregiver Sibling

Surname: _____ Given Names: _____

Gender: _____ Date of Birth: _____

Same as above:

Street Address: _____ Unit/Apt # _____

City: _____ Province: _____

Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Emergency Contact Custodial Parent Non-Custodial Parent Caregiver Sibling

Surname: _____ Given Names: _____

Gender: _____ Date of Birth: _____

Same as above:

Street Address: _____ Unit/Apt # _____

City: _____ Province: _____

Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Emergency Contact Custodial Parent Non-Custodial Parent Caregiver Sibling

Surname: _____ Given Names: _____

Gender: _____ Date of Birth: _____

Same as above:

Street Address: _____ Unit/Apt # _____

City: _____ Province: _____

Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Registration form completed by

Surname: _____ Given Names: _____
Gender: _____ Date of Birth: _____
Street Address: _____ Unit/Apt # _____
City: _____ Province: _____
Postal Code: _____
Phone Number: _____ Cell Phone Number: _____

Vulnerable Person Registry

PRIVACY POLICY

Through this form, Saugeen Shores Police Service (SSPS) will collect information that can identify you or a family member. Such identifying information may include your name, date of birth, e-mail, address, mailing address and other similar information (“personal data”) when it is voluntarily submitted under Sec 29(1)(a) MFIPPA.

SSPS will use your personal data to respond to requests you make of us to assist in interactions with the vulnerable person.

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.

Saugeen Shores Police Service may share this information with Bruce County Emergency Medical Services and Saugeen Shores Fire Department. The Saugeen Shores Police Service may provide information including photographs to the media including social media in the case of a missing person.

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 SSPS 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 the Municipal Freedom of Information and Protection of Privacy Act. R.S.O. 1990, c. M.56

Do you accept the above privacy policy? Yes No

I hereby declare that the information provided in this document is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Submit Completed Registration Form To:

Email to "vpr@sspspolice.com" along with a current .jpg image of the person being registered

or mail to

Saugeen Shores Police Service
620 Tomlinson Drive
Saugeen Shores, ON
N0H2C0
Attention VPR Coordinator

Please include a current colour photograph of the person being registered.