



**Golden Watch Program  
Participant Application**

Name of Program Registrant: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment or Building #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address (if applicable): \_\_\_\_\_

Reason for Requesting to Participate in Program:

Special Needs of Resident & Other General Information:

Primary Emergency Contact Name: \_\_\_\_\_

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

Relationship to Resident: \_\_\_\_\_ Phone #: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

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

Relationship to Resident: \_\_\_\_\_ Phone #: \_\_\_\_\_

Next of Kin or Closest Relative Name: \_\_\_\_\_

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

Relationship to Resident: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Access Information (Location of hidden key, location of lock box & access code, garage door code, etc.):

Program registrant agrees to allow a Police Officer to make forced entry to their residence if deemed necessary. The registrant further agrees to indemnify the Police Department and Hilltown Township against any and all costs, damages and liability, direct or indirect, as a result of participation in this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return Completed Form Via: Fax (215-453-6062), Email (pdadmin@hilltownpd.org), Mail (Hilltown Township Police P.O. Box 260, Hilltown, PA 18927) or In-Person (Hilltown Township Police 13 West Creamery Road, Hilltown, PA)