

***City of Greensburg***  
**Community Cares Program**

**Registration Form**

Name of Participant: \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Participant: \_\_\_\_\_

Neighbor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Are you a member of a local Church?  Yes  No

If Yes, list your Church: \_\_\_\_\_

Closest Relative in Greenburg Area: \_\_\_\_\_

Phone #: \_\_\_\_\_

Person to contact that has a key to your residence:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list past medical history, allergies to medicines, or any other piece of information that you would like to have on your 911 record. (Optional)

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The most convenient time to contact you each day: \_\_\_\_\_

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