



**MOUNT DESERT POLICE DEPARTMENT
BAR HARBOR POLICE DEPARTMENT**

James K. Willis, Chief of Police

jwillis@mdpolice.org

jwillis@barharbormaine.gov



BHPD

Lt. David Kerns

37 Firefly Lane

Bar Harbor, Maine 04609

Tel: 207-288-3391

dkerns@barharbormaine.gov

MDPD

Lt. Kevin Edgecomb

21 Sea Street, PO Box 248

NE Harbor, ME 04662

Tel: 207-276-5111

kedgecomb@mdpolice.org

To Whom It May Concern:

The Mount Desert Police Department and the Bar Harbor Police Department is rolling out our new senior citizen outreach program. The free, voluntary, program is being offered to our senior citizens and to our adults with disabilities that live alone in Town of Mount Desert and The Town of Bar Harbor. Here's how the program works - Monday through Friday morning (8:30 a.m.-10:30 a.m.) members of our agencies will call those who have signed up and do a well-being check. If no phone contact is made, other steps will then be taken to verify the well-being of our citizen.

We would appreciate your assistance in getting the word out about this program.

Enclosed, please find a copy of the sign up form; feel free to make copies available to your patrons.

If you have any questions please contact:

Mount Desert Police Department Officer Ken Mitchell (207) 276-5111

Bar Harbor Police Department Officer Brad O'Neil and/or Dispatcher Sharon Worcester.
(207) 288-3391

Sincerely,

Ken Mitchell



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**“Good Morning Project”
Participant Application Form**

Date: _____

Office use only

Participant Number: _____

Name: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____

I live alone:

YES

NO

Contact person(s) who lives nearby:

Name: _____ Telephone: _____

Address: _____

Person(s) to notify in an emergency:

Name: _____ Telephone: _____

Address: _____

Primary Care Physician: _____

Telephone: _____

Medical Conditions "Good Morning Project" caller should be aware of:

1. _____
2. _____
3. _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Medications you take on a regular basis (both prescription and non-prescription) and dosages:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Medication Allergies: _____

Do you have a "DNR" (do not resuscitate), Living Will or Advanced Directive? YES/NO

If yes please explain. _____

Do you have a hidden key? YES NO

Location: _____

Do you drive a car? YES NO

Description of your car: _____

License plate number: _____

Date: _____

Person filling out this form: _____

Participant's Name Printed: _____

Participant's (or authorized representative) Signature: _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

I, _____, DO/DO NOT authorize the Mount Desert/ Bar Harbor Police Department “Good Morning Project” program coordinator, or his/her authorized designee, to receive pertinent information about myself from my family or primary care physician as it may pertain to my well-being.

I, _____, DO/DO NOT authorize the “Good Morning Project” program coordinator to inform the Mount Desert/Bar Harbor Police Department of my participation in the program and authorize the police to use “forcible entry” if needed to access my house/apartment/mobile home.

This will absolve the Town of Mount Desert/and the Town of Bar Harbor “Good Morning Project” program of any and all liability for receiving information pertaining to my general well-being and safety. It will also absolve the Mount Desert/Bar Harbor Police Department of any and all property damage that may occur if they are unable to make contact with me and must force entry into my residence.

Date: _____

Signature: _____

Witness: _____