

COMPLETE FORM AND TAKE OR MAIL TO THE  
SAGINAW COUNTY SHERIFF'S OFFICE  
618 CASS STREET, SAGINAW, MI 48602

\_\_\_\_\_  
Last Name, First Name of Participant

\_\_\_\_\_  
Date Form was Submitted

New       Update       Remove



## PROJECT LIFESAVER Assessment Form



Participant's Name: \_\_\_\_\_ Frequency: \_\_\_\_\_

### Search Management Section Personal Data Questionnaire

This form is designed for Care Givers to provide, in advance, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information for a more effective search response.

Participant: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Date Transmitter Placed: \_\_\_\_\_

Facility/Organization: \_\_\_\_\_

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

Name of person filling out this form: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

### Participant's Personal Data

Birthday: \_\_\_\_\_  Male  Female      Race: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Most recent address: \_\_\_\_\_

Most recent place of employment: \_\_\_\_\_

Most recent occupation: \_\_\_\_\_

Name of spouse/significant other: \_\_\_\_\_  Living  Deceased