



Beth Stasuk
Galloway Township
Community Services Director

GALLOWAY TOWNSHIP

Recreation Parks Planning & Acquisition Community Events
Senior Services Community Education GTV Recycling

Senior Center: 621 W. White Horse Pike, Egg Harbor, NJ 08215

Recreation: 636 S. New York Road, Galloway N.J. 08205

Phone : (609) 568-5073 Fax: (609) 568-5325

Web: www.gtnj.org E-Mail: gtcomserv@comcast.net

GALLOWAY'S OPERATION LIFELINE

Galloway Community Services, Senior Services along with the Galloway Township Police Department would like to Check In with YOU!

If you LIVE ALONE & Have a TELEPHONE, you are Eligible!

Our Goal is to Establish DAILY Contact with You & Our Police Department.

YOUR DAILY REQUIREMENTS:

- ⇒ CALL the Police Department (non-emergency line) @ **652-2037** by 10:00 am DAILY to Check In for the Day.
- ⇒ If you DO NOT Call... A Call will be Placed to YOUR Home... If there is NO ANSWER, a Patrol Car will be Dispatched to your Home.
- ⇒ You MUST Notify the Police Department if you will NOT BE AT HOME or Plan TO BE AWAY & When you Expect to Return.

To get Started... Fill out the Registration Form...
You will be notified when you are on the Program!

If you would like to Participate or have any Questions...
Contact Senior Services @ 568-5073

GALLOWAY'S OPERATION LIFELINE

Fill in all the Information below (Please Print):

APPLICANT:

Applicant Name: _____ Date of Birth: ____/____/____

Full Address: _____

Daytime Phone: (____)_____ Cell Phone: (____)_____

Medications: _____

VEHICLE (if applicable):

Make: _____ Model: _____ Year: _____

Tag: _____ Color: _____ State: _____

EMERGENCY CONTACT:

1. Name: _____ Relation: _____

Full Address: _____

Daytime Phone: (____)_____ Cell Phone: (____)_____

Does this person have a Key to your Home? Yes No

2. Name: _____ Relation: _____

Full Address: _____

Daytime Phone: (____)_____ Cell Phone: (____)_____

Does this person have a Key to your Home? Yes No

3. Name: _____ Relation: _____

Full Address: _____

Daytime Phone: (____)_____ Cell Phone: (____)_____

Does this person have a Key to your Home? Yes No

- I have read all the information regarding this program and agree to contact the Police Department Daily prior to 10:00 am and have correctly filled out the above information.

Signature: _____ Date: _____

Mail to: Galloway Senior Center, 621 W. White Horse Pike, Egg Harbor, NJ 08215

Or Fax to: (609) 568-5325

For Office Use Only: Date Started: _____