



Bamberg County Sheriff's Office

Kenneth J. Bamberg

456 Second Street – P.O. Box 210

Telephone: (803) 245-3018

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Prospective Participants and Family Members:

The “**R U OK Program**” is a service the Sheriff's Office provides to the citizens of Bamberg County.

A member of the Sheriff's Office staff or volunteer will contact a registered participant once a week to check on them. The employee or volunteer will maintain a record of the time(s) & date(s) called, as well as any notes of questions asked.

If the registered participant is not reached after three call attempts, the emergency contact will be notified. In the event the emergency contact cannot physically check on the participant, a Deputy or Officer will be dispatched to the residence.

An application and consent form are attached and can be turned in at the Bamberg County Sheriff's Office or emailed to bennettvs@bambergcounty.sc.gov or colonsl@bambergcounty.sc.gov

If you have any questions about the program, please contact Valaree Bennett at (803) 245-3018 or Shauntina Benson at (803) 596-7392.

Kenneth J. Bamberg
Sheriff, Bamberg County
sheriff@bambergcounty.sc.gov

R U OK PROGRAM CONSENT FORM

I, _____, agree to participate in the Bamberg County Sheriff's Office "R U OK PROGRAM". I hereby give my permission to emergency and law enforcement representatives to respond to any perceived emergency situation involving my health and/or safety.

I am voluntarily providing the contact information of a relative or friend who has access to my home so that emergency personnel will be able to enter my home in the event of an emergency.

I understand that the information listed on the application will be released to Law Enforcement and Emergency Medical Personnel as necessary during my participation in the "R U OK PROGRAM".

I further understand that participation in this program is strictly voluntary and that the **Bamberg County Sheriff's Office is not assuming responsibility or liability for the welfare and safety of any participant.**

PARTICIPANT'S SIGNATURE

DATE

FAMILY MEMBER'S SIGNATURE & RELATIONSHIP

DATE

SHERIFF'S OFFICE STAFF SIGNATURE

DATE

"R U OK PROGRAM APPLICATION"

PARTICIPANT INFORMATION:

NAME & ADDRESS: _____

PHONE NUMBER(S): _____

LIVES ALONE: YES ___ **NO** ___ **PHYSICAL IMPAIRMENTS: YES** ___ **NO** ___

IF YES, EXPLAIN: _____

MEALS ON WHEELS PARTICIPANT: YES _____ **NO** _____

PETS: YES ___ **NO** ___ **TYPE PET:** _____ **PETS INSIDE: YES** ___ **NO** ___

EMERGENCY CONTACT INFORMATION / KEY HOLDER:

NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

ALTERNATE CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

CLERGY/PASTOR NAME & NUMBER: _____