



**MOUNT DESERT POLICE DEPARTMENT**  
**BAR HARBOR POLICE DEPARTMENT**  
Dave Kerns, Chief of Police



BHPD  
37 Firefly Lane  
Bar Harbor, Maine 04609  
Tel: 207-288-3391

MDPD  
21 Sea Street, PO Box 248  
NE Harbor, ME 04662  
Tel: 207-276-5111

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To Whom It May Concern:

The Mount Desert and Bar Harbor Police Departments are offering a program to our senior residents, The Good Morning Program. This is a senior citizen outreach program, which is free to our senior citizens and to our adults with disabilities or that live alone in towns of Mount Desert and Bar Harbor. Here's how the program works; Seven days a week (8:30 a.m.-10:30 a.m.) one of our agencies dispatchers will call our members who have signed up and do a well-being check. If no phone contact is made at the time of the initial call, a second call will be made. If there is still no contact an officer will be dispatched to the address given, to verify the well-being of our members.

We would appreciate your assistance in getting the word out about the Good Morning Program. If you know anyone that would benefit from this program or if you have any questions please contact:

Mount Desert Police Department Officer Kevin Edgecomb (207) 276-5111 or email at [kedgecomb@mdpolice.org](mailto:kedgecomb@mdpolice.org)

Sincerely,

Kevin Edgecomb



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

**Member information**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: M/D/YYYY \_\_\_\_\_

Physical Description: Height: \_\_\_\_\_, Weight: \_\_\_\_\_, Gender: \_\_\_\_\_, Eye Color: \_\_\_\_\_

Hair Color \_\_\_\_\_

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 Program" 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:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Do you drive a car? YES NO**

**Description of your car:** \_\_\_\_\_

**License plate number:** \_\_\_\_\_

\*\*\*\*\*

**This section to be filled out by an Authorized Representative if the Participant is not able to fill the form themselves**

**Date:** \_\_\_\_\_

**Person filling out this form:** \_\_\_\_\_

**Participant's Name Printed:** \_\_\_\_\_

Participant's (or authorized representative) Signature:\_\_\_\_\_

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**I, \_\_\_\_\_, DO authorize the Mount Desert/ Bar Harbor Police Department "Good Morning Program" 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 NOT authorize the Mount Desert/ Bar Harbor Police Department "Good Morning Program" 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 authorize the "Good Morning Program" coordinator to inform the Mount Desert/Bar Harbor Police Departments of my participation in the program and authorize the police to use "forcible entry" if needed to access my house/apartment/mobile home.**

**I, \_\_\_\_\_, DO NOT authorize the "Good Morning Program" coordinator to inform the Mount Desert/Bar Harbor Police Departments 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 Towns of Mount Desert/and the Town of Bar Harbor "Good Morning 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 Departments 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: \_\_\_\_\_