

Voluntary Wellness Check Program Description

The Voluntary Wellness Check program is designed for Mission Viejo residents 60 and older and people of any age with special needs. This voluntary program is offered by the City of Mission Viejo and managed with the support of Community Emergency Preparedness Academy (CEPA) volunteers to make life safer and more reassuring during times of local and regional emergencies.

If an emergency or incident occurs within the City and volunteer support is available, participants will be contacted for a wellness check. Information will be kept confidential and accessed for wellness check purposes only.

The City assumes no liability for implementation of this program, which is not intended to replace your personal emergency/disaster preparedness plans. This program also serves as an opportunity for CEPA volunteers to practice wellness checks twice a year, so they are prepared to assist the City in the event of an emergency or incident within the City of Mission Viejo.

Registration Process

1. Complete a Voluntary Wellness Check Application and required Waiver on each eligible resident per guidelines.
2. Applications are available in two formats: (Note: online applications are preferred)
 - Online, fillable application/waiver forms: <https://cityofmissionviejo.org/wellness-check-program>
 - Paper application/waiver forms available at City Hall, Mission Viejo City Library and the Norman P. Murray Community and Senior Center.
3. Return paper application/waiver to:
Norman P. Murray Community and Senior Center
24932 Veterans Way, Mission Viejo, CA 92692
Attn: Voluntary Wellness Check Program- Confidential
4. Information will be maintained and kept confidential at City Hall.
5. CEPA volunteers who are trained and supervised by the City's Emergency Operations Department will make contact twice a year to confirm information, make essential data changes where needed and practice emergency call-out procedures.
6. Program participants noting interest in emergency preparedness on their application will be sent periodic updates via email on earthquake preparedness, managing heat and cold emergencies and other topics supportive of emergency preparedness.
7. Applicants can terminate program participation any time by notifying the City. The City will terminate program participation if unable to connect with registrant during wellness check periods via phone or email.
8. For more information, call Norman P. Murray Community and Senior Center at 949-470-3062.

OVER

Voluntary Wellness Check Application

(Please Print)

1. Last Name _____ First Name _____
2. Address: _____ Apt. # _____ Zip: _____
3. Email Address: _____ Date of Birth: _____
4. Primary Phone:() _____ Secondary Phone:() _____
5. Emergency Contact: _____ Relationship: _____ Phone:() _____
6. Out of State Contact: _____ Relationship: _____ Phone:() _____
7. **Living Situation:** Do you live alone, with a family member or a friend?
Please specify: _____
8. **Language/Communication Barrier:** Do you have difficulty speaking, hearing or understanding English?
Please specify: _____ List Primary Language: _____
9. **Mobility:** Are you confined to a bed or wheelchair and do you use a walking device or have a service animal?
Please specify: _____
10. **Chronic Health Problems? Please specify (optional)**

11. **Energy Dependency:** Are you dependent on electrical energy for medical devices? Yes ___ No ___
Do you have a back-up generator if needed? Yes ___ No ___
12. Are you registered for **Alert OC**, (a county-wide notification system via phone/text message)? Yes ___ No ___
Do you want information on **Alert OC**? Yes ___ No ___
Do you want information on emergency preparedness via email? Yes ___ No ___
13. **Name of Person Completing Form** (if different from applicant) _____
Relationship: _____ Phone:() _____ Date: _____

Mail/ Drop off to:

Norman P. Murray Community and Senior Center
24932 Veterans Way, Mission Viejo, CA 92692
Attn: Voluntary Wellness Check Program-Confidential

City of Mission Viejo – Voluntary Wellness Check Program

WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

I, _____ (FULL NAME), fully understand that my participation in the City of Mission Viejo Voluntary Wellness Check Program (hereinafter "program") exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage/loss. I hereby acknowledge that I am voluntarily participating in this program and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Mission Viejo and the Community Emergency Preparedness Academy (hereafter "CEPA") for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the program from whatever cause, including the active or passive negligence of the City of Mission Viejo, CEPA or any other participants in the program. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Mission Viejo, CEPA, and their respective officers, officials, employees, agents, and volunteers from any and all claims, demands actions or suits arising out of or in connection with my participation in the program.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Program Participant Name: _____

Program Participant Signature: _____ Date: _____