# The vigilant volunteer team tool box



# VIGILANCE PROGRAM REGISTRATION FORM

Name:		Apt.:	-	
Telephone:				
Contact person:		Tel.:	:	
Relationship with par	ticipant:			
Does he have the key	to your apartment?	YES	NO 🗌	
If I must be absent, I inform the vigilance		unicate with the v	olunteer on	my floor or
I am aware that faili round will lead to a c	= -	_	_	
If my phone line is comade, I authorise the provider to verify if t	e vigilance team lea	der to communic	ate with the	
If this verification do is not being answer apartment and do a v	ed, I authorise the	competent indi	viduals to g	
I have read and unde accept them.	erstand the rights and	d responsibilities	of the partio	cipant and I
Date	Signature			



# VIGILANT VOLUNTEER'S COMMITMENT FORM

Name:		Apt.:	_ \	
Telephone:				
Floor(s) for your rounds:				
The vigilant volunteer as the team and to particip necessary.				
The vigilant volunteer aghis rounds.	grees to advise his	s team leader w	hen he is una	ble to make
The vigilant volunteer privacy of the participar		spect the confi	identiality, ir	timacy and
l b				
I have read and underst accept them.	and the rights an	id responsibilition	es of the volu	inteer and i
Date	Signature			



### CALLS TO THE EMERGENCY SERVICES

The information you have to give the emergency services when you call them.

Your name:
Title and explanation: I am the head of the vigilance team of residence
(name of residence):
The vigilance system works as follows: each participant hangs a doorknot hanger on their door in the evening and removes it in the morning before the volunteers make their rounds.
The reason for your call:
This morning during the (time) round, we found a door hanger stil hanging on the door handle.
We knocked on the door and there was no answer.
We called later at (time) and there was still no answer.
We called the tenant's contact person (name and relationship).
(time – person reached or not)
The address of the residence:
Other information
Tenant's health problems that you know about:



# TABLE OF ROUNDS FOR THE VIGILANT VOLUNTEERS

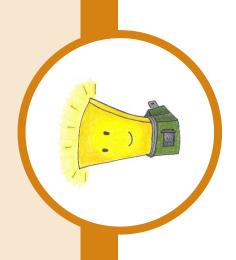


Month of:							
Floor:				_			
Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	'	•	'	'		'	
Month of:				<u></u>			
Floor:				_			
Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Month of:		_		_			
Month of:							
				_	Friday	Saturday	Sunday
Floor:				_	Friday	Saturday	Sunday

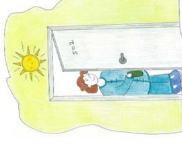


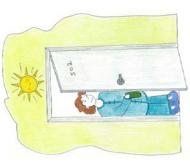
# THE FUNCTIONING OF THE VIGILANCE PROGRAM

- You register!
- 2. You obtain a door hanger.





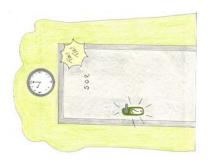






your door every You hang it on

evening.



If your door hanger is the vigilant volunteer knocks on your door. not removed during the morning round,



make sure that volunteer will you are okay. The vigilant



the door: we set off the situations which give If you do not answer cause for concern. procedure for







8. Procedure to be followed by

volunteer team when there is cause for concern.

8.1 The vigilance team leader calls your home.











communicated with the emergency services.

