

# Voluntary Registration

9-1-1 Communication



This voluntary registration program is intended to assist Belleville Emergency Services in providing appropriate response to 9-1-1 emergency calls where communication barriers exist. The information collected is strictly confidential; however, it may be shared with other emergency services.

Qualified registrants are residents of the **City of Belleville** with hearing loss that prevent their ability to communicate with 9-1-1 operators via regular telephone. In the event a 9-1-1 call is received from the registered address, information specific to the communication barrier will be available to the area emergency services. Where communication with the caller is not established, a priority emergency response will be initiated.

**Please note:** It will be the responsibility of the registrant to re-register prior upon a change of address.

Applicant (Please Print)	
Name:	
Date of Birth:	
Address: (#,street, city/town/village)	
Home Telephone:	TTY:
Cell Phone:	Do you use Text Messaging? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	
Deaf <input type="checkbox"/> Deafened <input type="checkbox"/> Hard of Hearing <input type="checkbox"/>	
Preferred method of communication with 1 <sup>st</sup> responders: Written <input type="checkbox"/> Lip Reading <input type="checkbox"/> Hearing/voice <input type="checkbox"/>	
After 1 <sup>st</sup> Response by Police/Fire do you require an ASL Interpreter Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there other persons living in the home? Deaf <input type="checkbox"/> Hearing <input type="checkbox"/>	
Is your residence equipped with a visual smoke alarm or other type of alerting system to wake you during a fire or other emergency? Yes <input type="checkbox"/> No <input type="checkbox"/> (please check)	

**NOTE: registration may be removed at any time by the registrant upon written notice to the Canadian Hearing Society.**

I verify the above information is correct and authorize the Belleville Police Services to communicate this information with other emergency service agencies when deemed applicable.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Completed and verified registration forms are to be returned to:  
Canadian Hearing Society  
470 Dundas Street East  
Belleville, Ontario K8N 1G1