

## Spring Lake Police Department Chief D. Spellman

Serving Our Community, Protecting Our Citizens

Main Office 910.436.0350



## RIDE ALONG APPLICATION AND WAIVER FORM

If the participant is less than 18 years of age a parent/legal guardian must sign the form prior to the ride-along

I understand that I must complete this application truthfully to the best of my knowledge. I acknowledge that failure to provide truthful and complete answers may be grounds to deny my participation in this program. I also grant consent for the Spring Lake Police Department to complete a background check prior to being approved to participate in this program.

NAME:			
LAST	FIRST	MIDDLE INITIAL	
DATE OF BIRTH:			
DRIVER'S LICENSE NUMBER:		STATE:	
HOME TELEPHONE ()	WORK (	)	<u> </u>
CELL PHONE ()			
ADDRESS:	CITY:		STATE:
PLACE OF BIRTH:LIST ANY AND ALL PRIOR ARRESTS (I			
REASON FOR RIDE-ALONG:			
By signing this document, I acknowle Police Department Ride-Along Progr Police, or his designee can discontin	am is a privilege and that th	he assigned o	fficer, Chief of
Signature:	Date:		

Appropriate attire for a ride-along with the Spring Lake Police Department is "business casual." Business casual is defined as "attire that is casual, yet appropriate for the workplace." Clothing items that would be deemed inappropriate for a ride-along include shorts, tank tops, halter tops, flip flops, torn clothing, etc.... Persons presenting themselves at the police department for a ride-along that are not appropriately attired will be told to return when they have changed to clothing that meets the business casual standard.

## **RELEASE and WAIVER OF LIABILITY**

i,nave requested permission from tr	ne Spring Lake Police			
Department to participate in the Police Ride-Along Program. I u	nderstand the ride-along			
program involves riding in a police vehicle operated by a police o	fficer who is performing both			
routine and emergency police functions. I acknowledge that ridir	ng in a police vehicle can be a			
potentially dangerous activity, as it may be necessary to operate	the vehicle outside of the			
normal rules of the road. I further acknowledge that I may be exp	oosed to dangerous and/or			
hazardous situations inherent in police work where I may be at ri	isk for serious, or even fatal,			
injury. I understand police officers cannot avoid all dangers or dis	sregard his/her duties that			
involve such dangers or hazards simply because I am accompany	ing him/her. Knowing the risks			
involved, I hereby assume any and all risks of injury, death, or pro	operty damage arising out of or			
in any way connected with my participation in the ride-along pro	gram.			
I, the undersigned, in consideration of being allowed to participa	te in the ride-along program			
do for myself, my heirs, next of kin, family, guardians, executors, administrators and assigns,				
forever waive, release, and discharge the Town of Spring Lake an				
employees, agents and volunteers from and against any and all c	_			
arising out of or in any way connected with my participation in th	ne ride-along program.			
I have carefully read the foregoing Release and Waiver of Liabilit	v. I understand the contents			
thereof and I sign the same freely and voluntarily.	,			
, ,				
PARTICIPANT SIGNATURE	DATE			
PARTICIPANT PRINTED NAME				
Name of Church (Pastor's Only)	Church Address			
, , , , , , , , , , , , , , , , , , , ,	charen Address			
EMERGENCY CONTACT NAME:PHONE:	(			
SUPERVISOR APPROVAL:				
BACKGROUND checked by:	_			
DATE/TIME ASSIGNED:	_			
OFFICER: SHIFT:				
(For Office Use Only)				
Approved Not Approved Chief's Signature: _				