



HIGH POINT POLICE DEPARTMENT RIDE-ALONG PROGRAM APPLICATION FORM

NAME: _____

ADDRESS: _____

TELEPHONE: HOME] _____ [WORK] _____

BIRTH DATE: _____ PLACE OF EMPLOYMENT/SCHOOL: _____

DRIVER'S LICENSE/STATE ID CARD NUMBER AND ISSUING STATE: _____

RACE: _____ SEX: _____ SOCIAL SECURITY NUMBER**: _____

PAGE 1 FOR RECORDS USE ONLY

TO BE SHRED UPON COMPLETION OF BACKGROUND

** You are not required to provide your social security number. However, failure to provide this number may prohibit a specific criminal background check. If there is question with your background you could be denied permission to participate in the ride – along program.



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NAME: _____

ADDRESS: _____

TELEPHONE: HOME] _____ [WORK] _____

BIRTH DATE: _____ PLACE OF EMPLOYMENT/SCHOOL: _____

DO YOU HAVE ANY PHYSICAL DISABILITIES FOR WHICH THE POLICE DEPARTMENT MAY HAVE TO MAKE ACCOMODATIONS? _____ IF SO, PLEASE DETAIL THE DISABILITY AND TELL US WHAT ACCOMODATIONS YOU REQUIRE: _____

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN TRAFFIC VIOLATIONS IN NORTH CAROLINA OR ELSEWHERE? _____ IF YES, EXPLAIN: _____

HAVE YOU EVER PARTICIPATED IN THIS PROGRAM BEFORE? _____ WHEN? _____

WHY DO YOU WISH TO PARTICIPATE IN THIS PROGRAM? _____

PLEASE CHOOSE THE DATES AND TIMES YOU WOULD PREFER TO RIDE; IN ORDER OF PREFERENCE:

1st Shift 6:00AM – 4:30PM 2nd Shift 3:00PM – 1:30AM 3rd Shift 8:00PM – 6:30AM

1) _____ DATE _____ TIME 2) _____ DATE _____ TIME 3) _____ DATE _____ TIME

IS THERE A PARTICULAR OFFICER YOU WANT TO RIDE WITH? YES NO IF SO, WHICH OFFICER AND WHY? _____

BY SIGNING BELOW, THE APPLICANT INDICATES HIS/HER UNDERSTANDING THAT RIDING WITH POLICE OFFICERS DURING A PATROL SHIFT MAY REQUIRE THE APPLICANT TO GIVE SWORN STATEMENTS AND TESTIFY IN COURT ABOUT SITUATIONS WHICH OCCUR IN THE APPLICANT'S PRESENCE. THE APPLICANT AGREES TO COOPERATE WITH THE POLICE DEPARTMENT, HOWEVER NECESSARY, INCLUDING BEING SUBJECT TO A BACKGROUND CHECK PRIOR TO PARTICIPATING IN THE PROGRAM. SIGNATURE BELOW INDICATES CONSENT TO ALL OF THESE CONDITIONS.

APPLICANT'S SIGNATURE DATE

POLICE USE ONLY

FORM OF IDENTIFICATION: _____

APPLICANT'S RECORD CHECK PERFORMED BY: _____ DATE: _____

SUPPORT SERVICES SUPERVISOR/COMMANDER APPROVAL: YES NO

SIGNATURE

DATE/TIME APPROVED FOR APPLICANT TO RIDE: _____

APPLICANT NOTIFIED OF APPROVAL BY: _____ DATE: _____

**WAIVER OF LIABILITY
HIGH POINT POLICE DEPARTMENT
CIVILIAN RIDE - ALONG PROGRAM**

Statement of Responsibility

By signing below, I indicate that I am a parent or legal guardian of the minor listed below who will participate in the High Point Police Department Ride Along Program (the Program), or that as the participant in the Program, I am 18 years old or older.

Knowledge and Assumption of Risks

My signature below indicates that I fully understand that police work is an inherently dangerous activity. I hereby voluntarily and expressly assume all of the risks known and unknown with accompanying police officers in the performance of their duties. No member of the High Point Police Department has made any statement to me that the Program is totally without risk or made any absolute guarantees of safety.

Statement of Consideration

I understand that no civilian is entitled to accompany a police officer in the performance of his or her duties. In that I, or my minor child, have an express interest in law enforcement, I consider the High Point Police Department's permission to participate in the program to be valuable consideration. The Program provides experience that cannot be obtained otherwise. It is in exchange for this valuable consideration that I enter into this waiver of liability. I understand that the signature below of an authorized agent of the High Point Police Department signifies permission for me or my minor child to participate in the Program.

Express Statement of Waiver

It is my express intent that this agreement binds me, my minor child if applicable, and my or my minor child's heirs, executors, administrators and assigns. By signing below I waive and release the City of High Point and its employees from all possible liability and claims arising out of participation in the Program. This agreement is intended to have the full effect of what is referred to as a "covenant not intended to sue" under North Carolina Law. Essentially, I hereby contract not to sue or file any claims against the City of High Point or its employees.

Confidentiality

I agree that I, or my minor child, shall maintain confidential anything seen or heard during the Program and shall not divulge such information to third parties.

Signature of Participant / Guardian

Date

**** This form must be completed at time of program participation****

Duration of Agreement

This agreement shall be effective from _____ to _____
Date Date

Date Agreement Executed

This agreement executed this _____ day of _____

Printed or Typed Name High Point Police Department Representative

Signature of Police Department Representative

Printed or Typed Name of Program Participant

Printed or Typed Name of Parent or Guardian
(If applicable)

Signature of Participant (If 18 or older) *or*
Parent or Guardian's Signature (if Participant is less than 18 years old)

Witness Signature