



RIDE-ALONG APPLICATION & WAIVER

AGE VERIFICATION: If participant is less than 18 years of age a parent/legal guardian must sign form prior to 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 Silt Police Department to complete a background check prior to being approved to participate in this program.

1. APPLICANT NAME:

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FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH:

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MONTH

DAY

YEAR

DRIVER LICENSE STATE:

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DRIVER LICENSE NUMBER:

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CELL PHONE:

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WORK PHONE:

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APPLICANT ADDRESS:

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STREET, APT OR UNIT #, ETC.

CITY

STATE

ZIP

2. LIST ANY AND ALL PRIOR ARRESTS (If not applicable, indicate "N/A")

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3. ARE YOU INTERESTED IN APPLYING FOR A POSITION AT THE SILT POLICE DEPARTMENT?

YES:

NO:

If Yes, is there anything in your background we should know about?

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By signing this document, I acknowledge that the opportunity to participate in the Silt Police Department Ride-Along Program is a privilege and that the assigned officer, Chief of Police, or his designee can discontinue my participation in the ride-along program at any time.

SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

RELATIONSHIP TO APPLICANT: _____

CHIEF OR DESIGNEE SIGNATURE _____ DATE _____

APPROPRIATE ATTIRE

Appropriate attire for a ride-along with the Silt 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 & WAIVER OF LIABILITY

I, _____, have requested permission of the Silt Police Department to participate in the Police Ride-Along Program. I understand the ride-along program involves riding in a police vehicle being operated by a police officer who is performing both routine and emergency police functions. I acknowledge that riding 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 exposed to dangerous and/or hazardous situations inherent in police work where I may be at risk for serious, or even fatal, injury. I understand that police officers cannot avoid all dangers or disregard his/her duties which involve such dangers or hazards simply because I am accompanying him/her. Knowing the risks involved, I hereby assume any and all risks of injury, death or property damage arising out of or in any way connected with my participation in the ride-along program. I, the undersigned, in consideration of being allowed to participate 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 City of Silt and its officers, officials, employees, agents and volunteers from and against any and all claims, damages, or liabilities arising out of or in any way connected with my participation in the ride-along program.

I have carefully read the foregoing Release and Waiver of Liability. I understand the contents thereof and I sign the same freely and voluntarily.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

EMERGENCY CONTACT PHONE: _____

INTERNAL USE ONLY

Background check completed date: _____ By whom: _____

Supervisor Reviewed date: _____ Supervisor: _____

Applicant Approved? YES: NO:

If not approved, reason: _____

Ride along date: _____ Officer Assigned: _____ Shift: _____