

RIDE-ALONG APPLICATION/ LIABILITY WAIVER

Part 1 of 2

Applicant Use Only: Fill in all blanks

Name: _____ Date of Birth: ____/____/____
(Last, First, Middle)

Home Address: _____ Phone Number: ____ - ____ - ____

City: _____ State: _____ Zip Code: _____

Business Address (if applicable): _____

Social Security Number: ____ - ____ - ____ Gender: Male Female Race: _____

What is your interest in participating in this program? _____

Student: Yes No School Attending: _____

Ride-Along Dates: Allow two weeks from date you complete application for processing.

What dates are you available to complete your Ride-Along?

1. ____/____/____ 2. ____/____/____ 3. ____/____/____

Each ride-along will be limited to a maximum 5 hrs between 7am -11pm.

What time are you available to ride-along? Select one: Days Evenings

Have you ever been charged and/or convicted of a criminal offense? Yes No
If yes, please give offense(s) location by City or County, date(s) and the disposition(s). This includes...
physical arrests or citations.

To your knowledge, do you have any physical impairments or limitations? (Example; heart conditions,
diabetes, etc.)

Continue on back

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Part 2 of 2

Liability Waiver

I, (*participant*) _____ hereby release the City of Wilmington, N.C.
(*Print Name*)

and any member of the Wilmington Police Department, from any and all liability, directly or indirectly arising out of my riding in a police vehicle with a police officer of the City of Wilmington, NC. I authorize the Wilmington Police Department to complete a criminal history check prior to my ride-along.

Witnessed by WPD Personnel Only _____

Participant Signature: _____

Date: ____/____/____

You may return this form to: Wilmington Police Department
615 Bess Street
Wilmington, NC 28401
(910) 343-3600

Liability Waiver (Juveniles)

(Complete paragraph below ONLY if under 18 years of age)

I, (*parent / guardian*) (*Print full name*) _____ of (Participant)
_____, age, _____, do hereby release the City of Wilmington, NC and any
(*Print full name*)

member of the Wilmington Police Department from any and all liability, directly or indirectly arising out of my riding in a police vehicle with a police officer of the City of Wilmington, NC. I authorize the Wilmington Police Department to complete a criminal history check prior to my ride-along.

Parent /Guardian Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

AOC /CH Check Date Complete: ____/____/____ DCI Clerk: _____

Approval by Crime Prevention Staff: _____ Date: ____/____/____

Reason for Denial: _____ Date: ____/____/____

Officer Performing Ride-Along

Print Name: _____ Signature: _____

Date of Ride-Along: ____/____/____ Time of Ride-Along: _____

**Please return completed forms to the Crime Prevention Box
(Located in the Office of the Chief)**