

Perry Police Department Ride-Along Request

The purpose of the Ride-Along Program is to improve police and public relations by familiarizing participants with the complex and unpredictable nature of police work. The Perry Police Department encourages open and candid police operations and strives to establish a climate that allows officers to perform their duties with the acceptance, understanding, and approval of the citizens they serve

To participate in the Perry Police Department's Ride-Along Program, the following criteria must be met:

- You must be at least 18 years of age
- You must have no felony convictions, narcotics convictions, or any unacceptable misdemeanor convictions as determined by the Chief of Police or his designee;
- You must complete a criminal history authorization form
- You must complete a ride-along request form which outlines the rules of the program;
- You must complete a waiver of liability/confidentiality form.

After all of the above criteria are met, turn in the completed paperwork to the Office of the Chief of Police. You will be contacted as to your approval status.

Name: _____, _____, _____
Last First MI

Date of birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____
MM DD YYYY

Sex: M / F (Circle One)

Address: _____
Number Street

City: _____ State: ____ Zip: _____

Telephone: (____) ____ - _____

Emergency Contact: _____

Telephone: (____) ____ - _____

Signature: _____ Date: ____ / ____ / _____

Ride-Along RULES AND REGULATIONS

- Participants shall wear professional casual clothing. Shorts, sleeveless shirts, and t-shirts are unacceptable.
- Participants shall not wear any clothing that could mistake them for being certified law enforcement officers.
- Participants shall not consume alcoholic beverages before or during the Ride-Along.
- Participants shall be under the direct supervision and control of the assigned police officer.
- Officers will not allow participants to enter a private residence or other areas where a citizen has a reasonable expectation of privacy without the explicit consent of the citizen. Participants may not photograph nor videotape within these same areas.
- Participants shall not interfere with police officers in the performance of their duties. This includes speaking with prisoners, victims, suspects, and witnesses unless directed to do so by law enforcement.
- Participants shall not perform police duties. In an emergency, they may take appropriate action to protect themselves and/or others.
- Participants shall not carry nor handle firearms except at a designated firing range.
- Officers shall not engage in pursuits while participants are passengers in their vehicles.
- Participants must be in good health, cannot have a cold, the flu or other illness during the ride-along.
- Participants must remain in the patrol vehicle unless directed otherwise by law enforcement.
- Participants shall wear their seatbelt at all times while in the vehicle.
- The Chief of Police and his Division Commanders have the authority to approve or disapprove all participants in this program.
- Officers may request, through their immediate supervisor, that the Ride-Along privileges of a participant be terminated for just cause.

I have read and I agree to follow the regulations to participate in the Perry Police Department's Ride-Along Program.

SIGNATURE

DATE

**City of Perry
Perry Police Department
Criminal History Consent Form**

Criminal History Record

I hereby authorize _____ representing _____
(Name of person to receive report) (Name of business or organization)

to receive any and all criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency.

_____		_____	
Print Full Name		Social Security Number	

Street Address	City	State	Zip

Sex	Race	Date of Birth	
_____		_____	
Signature		Date	

- Reason for this report:**
- Apartment Rental (Purpose Code E)
 - Employment with mentally disabled (Purpose Code M)
 - Employment with elder care (Purpose Code N)
 - Employment with children (Purpose Code W)
 - Employment with Criminal Justice agency non-sworn (Purpose code J)
 - Other Employment (Purpose code Z)

Notary	
_____	_____
Signature	Date
My Commission Expires: _____	

PLEASE ATTACH COPY OF PHOTO I.D.

PERRY POLICE DEPARTMENT

_____ I certify that I have conducted a criminal history check in accordance with GCIC regulations on the person named above and the results were that, as of this date, this individual has no record on file.

_____ A record on the person named above is attached,

Name: _____ **Date:** _____

SID Number _____



Where Georgia comes together.

PERRY POLICE DEPARTMENT
Stephen D. Lynn, Chief of Police

Stephen D. Lynn
Chief of Police

(478) 988-2800
Fax (478) 988-2805

PERRY POLICE DEPARTMENT
Civilian Release Form

I, _____, agree to remise, release, hold harmless, indemnify and discharge the City of Perry from any and all liability and responsibility arising out of, or in any way connected with, participation with the Perry Police Department against all claims, demands, actions, debts, liabilities, judgments, costs and attorney's fees arising out of or claims on account, or in any manner predicated upon loss or damage to private or public property or any personal injury or death, which may result from First Party's said observance and/or participation.

Signature

Date

Signed, sealed and delivered the day and year written above in the presence of:

Notary Public

Date

Seal

Administrative Review:

Chief of Police

Date