



REQUEST FOR POLICE RIDE-ALONG

APPLICANT INFORMATION

(Please print all answers and fill out every line possible.)

First/ Middle/ Last Name: _____

Address/City/State/Zip: _____

Social Security Number: _____ Date of Birth: _____ Gender: _____ Home/Cell Phone: _____

Driver's License #: _____ State Issued: _____ Expiration Date: _____ Employer: _____

Employer's Address: _____ Work Phone: _____

Emergency Contact Person One/Address/Phone/Relationship: _____

Emergency Contact Person Two/Address/Phone/Relationship: _____

KPD will contact you after a background check has been completed. At this time, if the request is accepted, the scheduled time and date of the ride-along will be established. Please indicate any preferences you may have regarding your ride-along. Indicating preference does not guarantee a ride-along at the preferred time/day of the week.

Preferred Day(s) of the Week: _____ Preferred Time(s): _____ Preferred Officer (Optional): _____

Reason(s) you would like to go on a ride-along: _____

Have you ever been on a ride-along with the Kernersville Police Department? YES _____ NO _____

Are you related to an employee of the Kernersville Police Department? YES _____ NO _____

Do you have any needs that may require special consideration? YES _____ NO _____ If yes, explain: _____

PARENT/GUARDIAN INFORMATION

(This section is to be completed and signed by the legal guardian if the applicant above is under 18 years of age.)

First/Middle/Last Name: _____

Address/City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____ Date of Birth: _____

Guardian's Signature: _____ Date: _____

*** LEGAL NOTE- PLEASE READ BEFORE SIGNING***

This form must be completed and returned to the Kernersville Police Department. It takes at least two weeks to process the form and do a background check. By signing this form, you are giving the Kernersville Police Department permission to complete a thorough criminal history check on you prior to the ride-along. Completing this form does not guarantee the applicant a ride-along. You will be contacted and informed if your application has been approved or denied. During that contact, the time and date of the ride-along will be established. In addition to this form, you may be required to complete additional paperwork at the time of the ride-along. Ride-along applicants will be given a safety briefing at the time of the ride-along. Any questions regarding ride-alongs or the application process should be directed to the Patrol Division Commander during regular business hours at (336) 996-2451.

Participants are expected to be physically able to handle themselves in the event of a critical incident. Please indicate on the special need consideration line any physical or mental condition(s) that may prevent you from doing so.

*** Applicant's Signature _____ Date _____

Participants will only be permitted to ride every 6 months. No more than twice a calendar year.

OFFICIAL USE ONLY

Type of ID Presented: Driver's License Military ID ID card Other _____

Signature of Person Accepting _____ Date _____



Kernersville Police Department

Ride-Along Waiver

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS. AFTER READING, SIGN THE WAIVER OF LIABILITY. EVERY PERSON GOING ON A RIDE-ALONG MUST SIGN THE WAIVER. **

- _____ The officer I have been assigned to ride with has given me a safety briefing and has given me an opportunity to ask questions that may clarify any requirements (Initial at the time of ride-along briefing).
- _____ I have voluntarily requested to ride as a passenger and observer in a Kernersville Police Department vehicle that will be operated by official Law Enforcement personnel performing official duties as a police officer.
- _____ I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.
- _____ I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the safety of myself and/or the officer.
- _____ I understand that the equipment assigned to an officer and the vehicle in which I will be riding is for the purpose of aiding the officer in performing official duties only and I will not touch, utilize, or adjust any of the equipment in the vehicle or on the officer.
- _____ I understand that I will be required to wear slacks or dress jeans and a dress style shirt or blouse. I agree to be well groomed and have a neat and clean appearance at all times during my participation in the Ride-Along Program.
- _____ I understand that failure to abide by the requirements of the Ride-Along Program will result in immediate termination of the ride-along and may prohibit me from being considered for any further ride-along.

WAIVER OF LIABILITY

Release of Claims against the Kernersville Police Department

For and in consideration of my being allowed to ride as a passenger and observer in a Kernersville Police Department vehicle for personal benefit, I do hereby release the Town of Kernersville, the Kernersville Police Department, its officials, employees, agents, and assigns, individually from any and all civil liability including, but not limited to action in tort, contacts and civil rights. I do further grant a general release for myself, my heirs and executors and waive, remise and forever release the Town of Kernersville and the Kernersville Police Department, its officials, employees, agents, and assigns from all claims which can or may ever be asserted as a result of injuries or damages, mental or physical, sustained by me while with the Kernersville Police Department or its officers, whether inside or outside a police vehicle. I understand the terms of this waiver are contractual, legally binding, and are not mere recital.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

OFFICER-PLEASE FILL OUT INFORMATION BELOW

Participant's Name (First/MI/Last): _____

Rider's ID Confirmed Yes No

TYPE OF ID PRESENTED

- Driver's License ID Card Military ID
- Known to Officer
- Other _____

Officer Initiated Ride-Along

Department Initiated Ride Along

Civilian Initiated Ride Along

Officer's Name _____

Shift _____

Date of Ride Along _____

Time Began _____ Ended _____

Would you want this person to ride w/KPD again? Yes No

Comments: _____

Officer's Signature _____

Supervisor's Initials _____