

# LELAND POLICE DEPARTMENT



102 Town Hall Drive Leland, NC 28451  
Office: (910) 371-1100 | Fax: (910) 371-1889  
Chief of Police



## APPLICATION FOR POLICE RIDE-ALONG PROGRAM

NAME: \_\_\_\_\_ NEXT OF KIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_ Choice of date and time in order of preference for ride-along

LAST FOUR DIGITS OF SSN: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### INSTRUCTIONS

1. Application must be submitted and approved by the Chief of Police or his designee at least 72 hours prior to ride-along
2. Applicant must be at least 18 years of age and completed high school
3. Only one participant per vehicle
4. Male applicants must ride with male officers and female applicants must ride with female officers, if at all possible
5. Liability Exemption (release) must be signed and dated prior to ride-along
6. In an extreme emergency, the participant will be let out at a business and will be picked up as soon as possible
7. The applicant will contact the officer that he/she will be riding with prior to coming to the Department, to verify that prevailing conditions are still conducive for ride-along
8. Applicants will not possess any weapons during ride-along
9. Applicants cannot consume, be under the influence, or have any impairing substance in their body during ride-along
10. Applicant must wear professional business or business casual attire (NO: obscenities, racial slurs, offensive wording or images on clothing, cut off pants, short pants, shorts, short dresses, halter/tube tops, or any other type of revealing clothing. Shoes must be worn at all times, no flip flops or sandals.)
11. Applicants must report on time unless other arrangements are made in advance or ride-along will not be allowed
12. Applicants will not be allowed to follow any officer into a residence unless the owner or legal possessor of the residence has given the applicant consent
13. The applicant will follow the instructions of the officer that he/she will be riding with at all times or the applicant will be returned to the Police Department and released from the ride-along
14. Due to the volume of ride-along applicants, each applicant will be limited to two (2) tours per month
15. Each ride-along is limited to four (4) hours
16. The shift supervisor reserves the right to terminate the ride-along at any time he/she deems necessary

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police/Designee

\_\_\_\_\_  
Date

Approved: Yes No

Officer Assigned and Date of Ride- Along: \_\_\_\_\_

If applicable, reason for denial: \_\_\_\_\_

**LIABILITY WAIVER ON REVERSE MUST BE SIGNED AND WITNESSED OR APPLICATION WILL NOT BE APPROVED**



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## LIABILITY EXEMPTION FOR RIDE-ALONG PROGRAM

In consideration of me being permitted to participate in the Ride-Along Program of the Leland Police Department, I do hereby release the Town of Leland, the Town of Leland Police Department, and all officers and/or personnel of same, hereafter collectively designated at the Town, from any and all liability, directly or indirectly, arising out of such participation.

I further agree to submit to arbitration any controversy hereinafter arising between myself and the Town of Leland relating to such liability, such arbitration to be pursuant to North Carolina Uniform Arbitration Act, N.C.G.S 1-567.1 et seq..

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**LIABILITY WAIVER ON REVERSE MUST BE SIGNED AND WITNESSED OR APPLICATION WILL NOT BE APPROVED**

9/2021