## 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: DRIVER'S LICENSE NUMBER: STATE:		RELATIONSHIIP:				
		ADDRESS:				
EMPLOYE	R:		PHONE:			
DO	B:PHONE:		Choice of date and ti	me in order of preference for ride-a	along	
	LAST FOUR DIGITS OF SSN:		Date:	Time:	_	
			Date:	Time:	-	
INSTRUC	CTIONS				]	
4. 5. 6. 7. 8.	<ul> <li>Male applicants must ride with male officers and female applicants must ride with female officers, if at all possible</li> <li>Liability Exemption (release) must be signed and dated prior to ride-along</li> <li>In an extreme emergency, the participant will be let out at a business and will be picked up as soon as possible</li> <li>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</li> <li>Applicants will not possess any weapons during ride-along</li> </ul>					
10.	Applicant must wear professional images on clothing, cut off pants, s clothing. Shoes must be worn at a	business or business c short pants, shorts, sh	asual attire (NO: obscenities, racia ort dresses, halter/tube tops, or a	Il slurs, offensive wording or		
12.	Applicants must report on time un Applicants will not be allowed to f has given the applicant consent			•		
13.	The applicant will follow the instru- returned to the Police Departmen			l times or the applicant will be		
	Due to the volume of ride-along a Each ride-along is limited to four (	oplicants, each applica	-	per month		
	The shift supervisor reserves the r		ide-along at any time he/she dee	ms necessary		

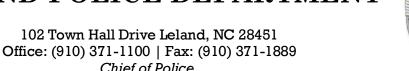
Applicant Signature	Date		
Chief of Police/Designee Approved: Yes No	Officer Assigned and Date of Ride-Along:	Date	
If applicable, reason for denial:			

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



# LELAND POLICE DEPARTMENT

Chief of Police





### 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