

ROCKY MOUNT POLICE DEPARTMENT

Ride-Along Program

Application

*Instructions: Please complete the **Ride-Along Application** and the **Waiver of Liability** forms and return to the Rocky Mount Police Department (Attn: Community Services Supervisor, PO Box 1180, Rocky Mount 27802) or fax to 972-1399, at least 2 weeks prior to the date of the requested Ride-Along. **All applicants are subject to a criminal history check.***

Full Legal Name: _____ Age: _____
Home Address: _____ Zip: _____ Phone: _____
Mailing Address (if different from Home Address): _____
Name of Business & Address: _____
Occupation: _____ Phone: _____

Information Needed for Criminal History Check:

Date of Birth: _____ SS#: _____ Race: _____ Gender: _____

(If under 18 years of age)

Parent/Guardian: _____
Address: _____
Phone: _____ School minor is attending: _____

Are you a local resident of Rocky Mount? ___ YES ___ NO
Do you work, own a business, or go to school in Rocky Mount: ___ YES ___ NO

Check one (only if applicable):

- ___ I'm a participant in the RMPD's Citizen's Police Academy.
- ___ I'm a member of the RMPD's Explorer's Post.
- ___ I'm a participant in the Leadership Rocky Mount Program.
- ___ I'm a college intern assigned to the RMPD.
- ___ I'm a police officer applicant with the RMPD.
- ___ I'm a BLET Cadet employed or sponsored by the RMPD.
- ___ I'm a non-commissioned employee of the RMPD.
- ___ I'm an employee of another City department.
- ___ I'm a family member of an RMPD employee.
- ___ I'm participating as a requirement of a school/training class.

In case of emergency:

Name: _____ Phone: _____
Relationship to Applicant: _____

Please fill in the date/time that you would like to participate in the Ride-Along Program.
(Note: four hours maximum per Ride-Along; minors cannot ride past 10:00 p.m.; all others cannot ride past 2:00 a.m.)

1st Choice: _____ to _____
Date Beginning Time Ending Time
2nd Choice: _____ to _____
Date Beginning Time Ending Time

Please provide two references, not related to you:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any law violations (other than traffic violations) by listing the charge(s), location of arrest(s), date of arrest(s), and court disposition(s): _____

Are you under any prescribed medications that may induce sleep or otherwise alter your alertness? ___ YES ___ NO

Do you have any physical conditions (i.e. pregnancy, heart condition) that may be jeopardized if you are placed in a stressful situation? ___ YES ___ NO

Why would you like to participate in the Ride-Along Program?

How did you learn about the Ride-Along Program? _____

I understand that a criminal history check will be conducted before approval is granted to participate in the Ride-Along Program. By signing below, I authorize the RMPD to conduct a criminal history check and I attest that the information provided in the application is true to the best of my knowledge.

Participant

Date

Guardian/Parent (if participant is under 18 years of age)

Date

NOTE TO APPLICANT: Upon receipt, processing, and approval of this application, you will receive notification by phone or mail to confirm the date and time of your participation in the Ride-Along Program.

(For office use only)

Application Received: _____

Waiver of Liability Received: _____

Criminal Check conducted: _____

Approved: _____

Denied: _____

Date: _____

Community Services Supervisor

Chief of Police or Designee