

HOT SPRINGS POLICE DEPARTMENT
RIDE-ALONG APPLICATION



Name:

Phone:

Nicknames Used:

Street Address:

City, State, Zip:

Previous Address:

City, State, Zip:

Date of Birth:

Social Security#:

Driver's Lic. Number:

Driver's Lic. State:

Place of Employment:

How long so employed:

Previous Employer:

Name of Spouse:

Maiden Name:

Have you ever been arrested?

If so, explain the charge and circumstances?:

Note: A least two pieces of original identification must be presented along with this application (one of them must be state issued photo ID card) before any applicant will be approved for a ride-along experience.

FOR POLICE DEPARTMENT USE ONLY

Signature of Applicant

Date:

Signature of Community Relations Officer

Date:

Approved

Disapproved

HOT SPRINGS POLICE DEPARTMENT
RIDE-ALONG PROGRAM
WAIVER AND RELEASE OF LIABILITY FORM



The undersigned acknowledges and attests to the following:

1. He/she is eighteen (18) years of age or older, is not under any mental disability and is signing this *Waiver and Release* without duress or coercion of his/her free will.
2. He/she has requested the Hot Springs Police Department to allow him/her to observe police operations, both in actual patrol situations, as well as within the Police Department facility.
3. That members and other employees of the Hot springs Police Department will exercise reasonable care and diligence to protect both themselves and the undersigned, but the undersigned further acknowledges that he/she understands that there is potential exposure to personal injury or death.
4. This *Waiver and Release* is given in consideration and as inducement for the Hot Springs Police Department to allow him/her to personally view actual operations of the Police Department, which are not otherwise available to the public.
5. The undersigned, his/her heirs, successors and assigns hereby waive any cause of action against the City of Hot Springs, the Hot Springs Police Department, and ruiy and all employees, agents, independent contractors, and other affiliated persons, and further agree to hold the same harmless from and against any liability for damages, including, without limitation, claims for personal injury or death, which may arise as a result of the undersigned's activities association with the Hot Springs Police Department.

The undersigned agrees to abide by all the rules associated with the ride along program. Rules include the following:

- A. Riders will remain in the police vehicle at all times unless otherwise instructed by the officer with whom they are riding.
- B. Riders will not be communicating with anyone who is the subject of a police investigation, who is being arrested, or who is otherwise involved in any police action.
- C. Riders will not carry, handle or attempt to use any type of weapon.
- D. Riders will follow the instructions of the officer with whom they are riding.

Signature of Rider:

Signature of Community Relations Officer:

Signature of Witness:

Date:

Time: