



RIDE-ALONG PROGRAM WAIVER

Name: _____ Purpose: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

Email Address: _____

****Any individual whose GCIC/NCIC record shows a felony conviction or any lifetime convictions of any offenses of moral turpitude, disrespect for law enforcement officials, crimes of an aggravated nature, sexual offenses, domestic violence, crimes against children, or any violation involving drug sale, distribution, or manufacture shall be ineligible to participate in the Ride-Along Program.**

****Requested Dates/Times (Please include at least two dates and time ranges for your ride along. Participants may ride with an officer for up to four (4) hours; shifts run from 5 a.m. until 5 p.m. {Day Watch} and 5 p.m. until 5 a.m. {Morning Watch}:**

WHEREAS, the undersigned has voluntarily elected to ride as a passenger in an agency vehicle belonging to the Milton Police Department of Milton, Georgia, and to accompany officers of said city while engaged in the performance of their duty, to study and observe for their benefit the functions and operations of the Milton Police Department and its personnel: and

WHEREAS, the undersigned desires to do so at their own risk and recognizing the possible and inherent danger resulting from this; and

WHEREAS, the City of Milton and the State of Georgia do not wish to be held liable for any damages arising from personal injuries and/or property damaged sustained;

NOW, THEREFORE, in consideration of the premises and other good valuable consideration the undersigned does hereby, for themselves, spouse, heirs, executor or administrator, and personal representatives:

1. Assume full responsibility for any personal injury or damage to their person or property which may occur, directly, or indirectly, while in, on or about such Police Department's vehicle, the Police Department's premises or any part thereof, or while accompanying any officer of the City of Milton while in the performance of their duties;
2. Fully and forever release and discharge the City of Milton and the State of Georgia, its agents and employees from any and all claims, demands, damages, right of action or causes of action, present or future, whether the same be known anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on or about any such Police Department's vehicle, or at any or all of the premises and places aforesaid, or while accompanying any officer(s) of the City of Milton as aforesaid;
3. Indemnify and hold harmless the City of Milton and the State of Georgia, its agents and employees, for any acts or conduct of the undersigned of whatever kind of nature whatsoever, while in, on or about any such Police Department's vehicle, or at any or all of the premises and places aforesaid, or while accompanying any such officer(s) as aforesaid;
4. Agree to defend and to pay any costs or attorney's fees as a result brought by or against the City of Milton or the State of Georgia, its agents and employees, for any acts or conduct of the undersigned of whatever kind of nature whatsoever, while in, on or about any such Police Department's vehicles, or at any or all of the premises and places aforesaid, or while accompanying any such officer(s) as aforesaid; and
5. Agree that it is the intent of the undersigned that this Release and Indemnity Agreement be in full force and effect at any time after the execution thereof.

PARTICIPANT RULES AND REGULATIONS

Working in the law enforcement field can be dangerous, especially if safety practices and precautions are not followed



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at all times. By signing this document, the participant agrees to abide by the following rules and regulations of the Ride-Along Program:

1. Individuals must be at least 18 years of age to participate in the Ride-Along Program or a least 16 years of age and enrolled in the Milton Police Department Police Explorer Program or Intern Program.
2. Participants shall not carry, possess, or have accessible any firearm, knife, chemical agent, impact weapon, or other weapon while participating in the ride-along. If a participant is found in possession of any of the aforementioned items, his or her ride-along shall immediately be terminated and the participant shall be prohibited from participating in the program.
3. Participants should report to the Milton Police Department at least 15 minutes prior to their scheduled ride-along.
4. Participants shall not become involved in any law enforcement situation and will only observe unless otherwise directed by the host officer.
5. Participants shall obey all lawful directions given by an officer or supervisor during their ride-along.
6. Participants shall not operate any police vehicle or police equipment unless directed to do so by their host officer or the on-duty supervisor.
7. Participants shall not leave the patrol vehicle on any call, except during an emergency or unless permission is received from the host officer or an agency supervisor in order to allow the participant to better observe the activity.
8. Participants shall not speak to victims, witnesses, prisoners or other persons associated with a police or emergency event but shall direct that individual to speak to an officer.
9. Participants shall not record any part of their ride-along without the express written permission of the Chief of Police.
10. Participants shall not enter a crime scene or potential crime scene until entry is authorized by the host officer or on-duty supervisor. any person's residence unless the host officer has been granted express permission from the homeowner and/or occupant to allow the participant entry.
11. Participants should dress in professional, business casual attire. Clothing such as shorts, halter tops, flip flops, etc. will not be permitted. Individuals who are inappropriately dressed for their ride-along shall not be allowed to participate.

This agreement is effective for the assigned date and time only and is limited to one (1) ride along within a one (1) year period of time.

APPROVAL AND FORWARDING

The Release and Indemnity Agreement must be completed in its entirety. Any civilian who wishes to ride in a Milton Police Department vehicle must be approved by the Chief of Police or designee. If, in the opinion of the Chief of Police, there would be undue or extreme danger for the civilian or for any officer, or any action that would be detrimental to the Milton Police Department the agreement will not be approved. The completed agreement shall be forwarded to the Milton Police Department's Records Clerk for processing and administrative filing.

NOTE: If the participant is under 18 years of age, his or her parent or legal guardian must sign below.

Applicant Signature **Date**

Parent/Legal Guardian Signature **Date**
(if applicable)

Chief of Police Signature **Date**

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Signature **Date**

Commission Expires: _____

REQUEST STATUS	
Approved _____	Denied _____
Date _____	



CRIMINAL HISTORY REQUEST FORM

1) This Request Is For: (Check Only One)

<input type="checkbox"/>	Code (E) – Provides Georgia Criminal History Information for Employment; Military; Licensing; Personal Use; International Travel; Permits of any kind; Adoptive Parents; City of Milton Employment; Other not listed
<input type="checkbox"/>	Code (N) – Employment/Volunteer Working with the Elderly
<input type="checkbox"/>	Code (W) – Employment/Volunteer with Children
<input type="checkbox"/>	Code (M) – Employment/Volunteer with the Mentally Ill
<input type="checkbox"/>	Code (C) – Police Ride Along Request; Police Department Employment; Police Vendor/Contractor

2) A History Is Requested On The Following Person:

Full Name (Print):			
Address:			
Sex:	Race:	DOB:	SSN:

<input type="checkbox"/>	I give consent to _____ in order to perform periodic criminal history background checks for the duration of my employment with this company (name of company: _____).
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I hereby give consent for the Milton Police Department to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia. This report is considered accurate at time of inquiry and may change at any time. I also understand this record check is \$20.00 payable upon request. . **Photocopy of a legal government ID must accompany this request.**

Signature of person whom criminal history is being inquired. Date

<input type="checkbox"/>	No Georgia Criminal History Record Information results available.
<input type="checkbox"/>	Georgia Criminal History Record Information attached/released
<input type="checkbox"/>	No NCIC/GCIC Warrant results available
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency: _____

Agency Operator Signature & Title

_____/_____
Date of Inquiry/Time of Inquiry