

NAME _____

Please complete and return via mail, fax, or e-mail: Spearfish Police Department 625 N. Fifth Street Spearfish, SD 57783 Fax: 605.642.1315

SPEARFISH POLICE

RIDE ALONG APPLICATION AND WAIVER FORM

If participant is less than 18 years of age a parent/legal guardian must sign form prior to ride-along

I understand that I must complete this application truthfully to the best of my knowledge. I acknowledge that failure to provide truthful and complete answers may be grounds to deny my participation in this program. I also grant consent for the Spearfish Police Department to complete a background check prior to being approved to participate in this program.

LAST	FIRST	MIDDLE INITIAL		
DATE OF BIRTH				
DRIVER'S LICENSE NUMBER	STA	TE		
HOME TELEPHONE ()	WORK ()			
CELL PHONE ()	-			
ADDRESS	CITY	STATE		
PLACE OF BIRTH	HIGH SCHOOL			
LIST ANY AND ALL PRIOR ARRESTS (If not applicable, indicate "N/A")				
REASON FOR RIDE-ALONG				
By signing this document, I acknowledge tl	• • • • • • • • • • • • • • • • • • • •	•		
Police Department Ride-Along Program is a Police, or his designee can discontinue my	-	_		
time.		,		
SIGNATURE	D	ATE		
	_			
WITNESS SIGNATURE	D	ATE		

Appropriate attire for a ride-along with the Spearfish Police Department is "business casual." Business casual is defined as "attire that is casual, yet appropriate for the workplace." Clothing items that would be deemed inappropriate for a ride-along include shorts, tank tops, halter tops, flip flops, torn clothing etc... Persons presenting themselves at the police department for a ride-along that are not appropriately attired will be told to return when they have changed to clothing that meets the business casual standard.

RELEASE and WAIVER OF LIABILITY

l,	, have requested permiss	sion of the Spearfish Police Department
to participate in the Police I	Ride-Along Program. I unde	erstand the ride-along program
		police officer who is performing both
	_	ge that riding in a police vehicle can be a
	-	to operate the vehicle outside of the
	_	may be exposed to dangerous and/or
	•	nay be at risk for serious, or even fatal,
injury. I understand that po	olice officers cannot avoid a	all dangers or disregard his/her duties
_		I am accompanying him/her. Knowing
-	-	injury, death or property damage
		pation in the ride-along program.
	_	o participate in the ride-along program
		executors, administrators and assigns,
		rfish and its officers, officials,
	_	ny and all claims, damages, or liabilities
arising out of or in any way	connected with my particip	pation in the ride-along program.
I have carefully read the for	egoing Release and Waiver	r of Liability. I understand the contents
thereof and I sign the same	freely and voluntarily.	•
PARTICIPANT SIGNATURE		DATE
		<u>-</u>
PARTICIPANT PRINTED NAN	ΛE	
PARENT/LEGAL GUARDIAN	SIGNATURE	DATE
EMERGENCY CONTACT NAM	ΛE	PHONE () -
SUPERVISOR APPROVAL _		
BACKGROUND checked by _		
DATE/TIME ASSIGNED		
OFFICER	CHIET	BADGE #
		DADGE #