



CONCORD POLICE DEPARTMENT

Ride Along Application / Waiver to Participate

Applicant Information:

_____ Date of Birth: _____ Age: _____
Last First Middle

_____ Home Phone Cell Phone
Physical Street Address of Residence

_____ Email Address
City State Zip Code

Driver License # / State Issued: _____

Have you ever been charged with or convicted of any criminal offense? Yes / No

If yes, please list the offenses: _____

In Case of Emergency Notify:

Your interest is related to: (please check)

Academic _____ Community program _____

Concord 101 _____ Employment _____

Family member / friend of officer _____

Public Safety Academy _____ Other _____

_____ (relationship)
Name (print)

_____ Address

Do you desire to be provided body armor? Yes / No

_____ (business)
Phone (home)

Guidelines & waiver:

In consideration of permission to accompany City of Concord police officers during the performance of their official duties and permission to ride in a City owned motor vehicle, I do hereby agree to refrain from interfering with said officer(s) and be subject to their orders as to how I shall conduct myself while accompanying said officer(s). I do further release and hold harmless the City of Concord and its police officer(s) from any and all claims, damages, or rights of action I may experience while engaged in such activities. PROVIDED, HOWEVER, that in the event I should be deputized by any officer, pursuant to state law, and follow their commands as a deputized citizen, then my rights and protection shall be the same in all events as that of any other deputized citizen following the commands of a police officer. Additionally, I understand that all information from internal police documents and records, including information on individuals or investigations that might be acquired as a result of my association with the Concord Police Department will remain strictly confidential. I further understand that the Concord Police Department will review my criminal and driver's history before approval is made to participate. I will dress in business casual clothing, and wear department issued identification. I will not possess a personal weapon during the ride along process.

I certify that the above information is correct. The Concord Police Department has my permission to request from the proper authorities a criminal and driver's history in connection with this application.

_____ Date
Signature of Participant

Approved by: _____ Date: _____
Denied by: _____ Date: _____ (If denied, attach reason)

Ride Assignment Officer _____ District _____ Shift _____

If previous ride, ride date(s) _____ NOTE: Form to be filed with Executive Assistant upon completion.