



BURLINGTON POLICE DEPARTMENT

OBSERVER/ RIDE-ALONG APPLICATION



LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ DATE OF BIRTH: ___/___/___

CURRENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

OCCUPATION: _____ EMPLOYER: _____

IF YOU ARE A STUDENT, WHAT SCHOOL DO YOU ATTEND: _____ GRADE/MAJOR: _____

HAVE YOU EVER BEEN DETAINED OR ARRESTED BY LAW ENFORCEMENT IN ANY JURISDICTION? IF YES, PLEASE BRIEFLY EXPLAIN THE CIRCUMSTANCES BELOW.

IS THERE ANY PARTICULAR OFFICER WITH WHOM YOU WOULD LIKE TO RIDE? ARE YOU INTERESTED IN A CAREER IN LAW ENFORCEMENT?

DATE AND TIME YOU WOULD LIKE TO RIDE (AT LEAST 10 DAYS FROM TODAY'S DATE) ****MANDATORY****

SPECIAL NOTE DRESS CODE: OBSERVERS MUST BE DRESSED IN PROFESSIONAL ATTIRE (IE. COLLARED SHIRTS/ NICE SLACKS OR JEANS). THOSE NOT DRESSED APPROPRIATELY WILL NOT BE ALLOWED TO RIDE.

I, _____ request to be an observer of the police operations by participating in the Burlington police department Ride-Along program and ride with a uniformed officer. I understand that I am not able to perform any police duties or in any way interfere with the functioning of any officer. In submitting this request, I release the Chief of Police, the Burlington Police Department, or any of its officers and agents and the City of Burlington of any responsibility for my well-being, should I be injured or killed in my capacity of observer.

I also agree to abide by all rules and regulations pertaining to citizens established by the Burlington Police Department. As an observer, I understand that all information of a confidential nature is not to be repeated. There will be some limits on photos/videos and no weapons permitted.

I, the undersigned, do also affirm that I have not falsified or lied about any of the information which I have provided.

APPLICANT'S SIGNATURE/ DATE _____ PARENT OR GUARDIAN'S SIGNATURE/ DATE (IF APPLICANT IS UNDER 18) _____

APPLICANT'S PRINTED NAME/ DATE _____ PARENT OR GUARDIAN'S PRINTED NAME/ DATE _____

FOR OFFICE USE ONLY

RESULTS OF RECORD CHECK _____ CHECK CONDUCTED BY: _____ DATE: _____

SUPERVISOR: _____ DATE: _____

Lieutenant / Or Above: _____ DATE: _____

APPROVED

DENIED

Ride-Along Program Liability Release Form

I, _____ residing at (Address) _____, County of Alamance, State of North Carolina, do hereby request to participate in the Burlington Police Department (BPD) *Ride-Along Program*. I realize the duties of a Burlington Police Officer can become hazardous in nature. I am aware that I have voluntarily sought permission to ride in a Police vehicle and observe Police Officers. The Police Officers and vehicle may be engaged in law enforcement activities, some of which will be dangerous and expose me to risk of harm. I agree to abide by the instructions and commands given to me by the officer I am assigned to. I will not interfere with or assist any member of the Burlington Police Department in the performance of their duties without their consent. I understand that while participating in this program, I am an unofficial representative of the Burlington Police Department and will be held accountable for my actions. I will be responsible for the protective equipment issued to me. I understand that my ride can be terminated at any time for failing to follow these conditions.

In consideration for the Burlington Police Department allowing me to participate in the above-mentioned program, I _____ (Name) for, my heirs, executors, administrators, agents and assigns, **DO HERBY VOLUNTARILY AND KNOWINGLY RELEASE AND DISCHARGE THE CITY OF BURLINGTON, BURLINGTON POLICE DEPARTMENT AND HEREBY WAIVE ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION OR SUITS OF ANY KIND OR NATURE AND TO HEREBY HOLD HARMLESS** City of Burlington, Burlington Police Department, its employees, agents, successors, assigns, agents and all others who may be liable, present and future, known or unknown, from any and all causes of action, including, but not limited to, any act of negligence, or the results of any decision made in connection with my care and treatment arising out of my participation in the Ride-Along program. In the event any action is brought against the City of Burlington, Burlington Police Department, its employees, agents, successors, assigns, agents and all others, collectively or individually, pursuant to any claims released herein, that I agree that presentation of this *Liability Release Form* constitutes a complete and affirmative defense to said claim; and further, I agree that a court of competent jurisdiction shall dismiss said claim with prejudice. I also acknowledge that I have *no limiting medical conditions* and I am fully capable of participating in the Burlington Police Ride-Along Program.

I hereby give permission to BPD, its employees, agents, successors, assigns, agents and all others, to act in my place, in the event that I should require medical attention while involved in the Ride-Along Program. This permission is for the purpose of securing benefits for my health and welfare, and expressly includes the BPD to sign releases to physicians who may render emergency medical care and services. I hereby agree to assume all liability for payment of all such professional services, and, if necessary, to reimburse BPD for any expense that may be incurred for my treatment, care, drugs, and other services. I agree that if my behavior is such that it endangers the welfare of others, the BPD may at any time immediately terminate my participation and refuse to allow me further participation in the program.

Burlington Police Department Ride-Along Liability Release Signatures

Applicant Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

FOR POLICE OFFICER USE ONLY

Name of Officer: _____ Date of Ride-Along: _____

Start Time: _____ End Time: _____

Comments: _____