Perry Police Department
Ride-Along Request

The purpose of the Ride-Along Program is to improve police and public relations by familiarizing participants with the complex and unpredictable nature of police work. The Perry Police Department encourages open and candid police operations and strives to establish a climate that allows officers to perform their duties with the acceptance, understanding, and approval of the citizens they serve

To participate in the Perry Police Department's Ride-Along Program, the following criteria must be met:

- You must be at least 18 years of age
- You must have no felony convictions, narcotics convictions, or any unacceptable misdemeanor convictions as determined by the Chief of Police or his designee;
- You must complete a criminal history authorization form
- You must complete a ride-along request form which outlines the rules of the program;
- You must complete a waiver of liability/confidentiality form.

After all of the above criteria are met, turn in the completed paperwork to the Office of the Chief of Police. You will be contacted as to your approval status.

Name: _____, _____, _____
       Last   First   MI

Date of birth: _____ / _____ / _____   Social Security Number: _____ - ____ - _____
              MM   DD   YYYY

Sex: M / F (Circle One)

Address: _____ _____
         Number   Street

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____

Emergency Contact: _____

Telephone: (____) _____ - _____

Signature: _____ Date: ____ / ____ / _____

PPD Form 400-85A
1 of 2

Ride-Along
RULES AND REGULATIONS

- Participants shall wear professional casual clothing. Shorts, sleeveless shirts, and t-shirts are unacceptable.
- Participants shall not wear any clothing that could mistake them for being certified law enforcement officers.
- Participants shall not consume alcoholic beverages before or during the Ride-Along.
- Participants shall be under the direct supervision and control of the assigned police officer.
- Officers will not allow participants to enter a private residence or other areas where a citizen has a reasonable expectation of privacy without the explicit consent of the citizen. Participants may not photograph nor videotape within these same areas.
- Participants shall not interfere with police officers in the performance of their duties. This includes speaking with prisoners, victims, suspects, and witnesses unless directed to do so by law enforcement.
- Participants shall not perform police duties. In an emergency, they may take appropriate action to protect themselves and/or others.
- Participants shall not carry nor handle firearms except at a designated firing range.
- Officers shall not engage in pursuits while participants are passengers in their vehicles.
- Participants must be in good health, cannot have a cold, the flu or other illness during the ride-along.
- Participants must remain in the patrol vehicle unless directed otherwise by law enforcement.
- Participants shall wear their seatbelt at all times while in the vehicle.
- The Chief of Police and his Division Commanders have the authority to approve or disapprove all participants in this program.
- Officers may request, through their immediate supervisor, that the Ride-Along privileges of a participant be terminated for just cause.

I have read and I agree to follow the regulations to participate in the Perry Police Department's Ride-Along Program.

_____   _____

SIGNATURE   **DATE**

City of Perry
Perry Police Department
Criminal History Consent Form

Criminal History Record

I hereby authorize _____ representing _____
(Name of person to receive report)   (Name of business or organization)

to receive any and all criminal history record information pertaining to me, which may be in the files of

any state or local criminal justice agency.

_____	_____
Print Full Name	Social Security Number

_____   _____   _____   _____
Street Address   City   State   Zip

_____   _____   _____
Sex   Race   Date of Birth

_____   _____
Signature   Date

Reason for this report:

- ○ **Apartment Rental**   (Purpose Code E)
- ○ **Employment with mentally disabled**   (Purpose Code M)
- ○ **Employment with elder care**   (Purpose Code N)
- ○ **Employment with children**   (Purpose Code W)
- ○ **Employment with Criminal Justice agency non-sworn)**   (Purpose code J)
- ○ **Other Employment**   (Purpose code Z)

Notary

_____   _____
Signature   Date

My Commission Expires: _____

PLEASE ATTACH COPY OF PHOTO I.D.

PERRY POLICE DEPARTMENT

_____ I certify that I have conducted a criminal history check in accordance with GCIC regulations on the person named above and the results were that, as of this date, this individual has no record on file.

_____ A record on the person named above is attached,

Name: _____   Date: _____

SID Number _____