

Perry Police Department

RIDE-ALONG APPLICATION

Please return the completed application
Copy of **valid photo ID must be submitted** with the application

First Name	Last	Title
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Address	City	State	Zip Code
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Phone Number	Email
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Occupation	Employer/ Agency/School
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Date of Birth	Race	Sex	Date of Last Ride-Along
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Reason for Ride-Along Request

Please Choose a Date, Time for Ride-Along	Date of Ride-Along (no holidays)	Time
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(NOTE: Exceptions can be made on a case-by case basis)

ASSUMPTION OF RISK

I, _____, reside at _____

And affirm that I am at least eighteen (18) years of age, and have voluntarily requested to participate in the Ride-Along Program of the City of Perry Police Department. I understand the inherent dangers involved in police work and understand that I may be exposed to such dangers, including but not limited to, those risks involved as a passenger inside a marked police car on patrol responding to 911 calls or unexpected occurrences of an emergency or criminal nature. I assume the risk of any and all injuries that may result from my participation in this program.

Applicant's Signature	Date
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Notary Signature	Date
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Notary Seal/Stamp

**GEORGIA CRIME INFORMATION CENTER
AWARENESS STATEMENT**

Access to Criminal Justice Information (CJI), as defined in Georgia Crime Information Center (GCIC) Council Rule 140-1-.02 (amended), and dissemination of such information is governed by state and federal laws and the Rules of the GCIC Council. CJI cannot be accessed or disseminated by any personnel except as directed by superiors and as authorized by approved standard operating procedures. These standard operating procedures are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information (CHRI) except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (Act), O.C.G.A. §16-9-90 et. seq., provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System (CJIS) Network is operated by the GCIC in compliance with O.C.G.A. §35-3-31. All databases accessible through CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below,
I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed: _____

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:

- E** – Apartment Rental/Employment
- J** – Civilian Criminal Justice Employment (Non-sworn)
- M** – Working with Mentally Disabled
- N** – Working with Elderly
- P** – Public Records
- U** – Personal Copy
- W** – Working with Children
- Z** – Sworn Criminal Justice Employment (Sworn)

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.

Criminal Records (Attached/Released) SID Number _____

No NCIC/GCIC Warrant results Available

Possible NCIC/GCIC Warrant Contact Agency listed below

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Name: _____ **Date:** _____

Perry Police Department

RIDE-ALONG PROCEDURES AND RULES

REQUIREMENTS:

- ✓ Applicants must be 18 years of age or older and a Perry resident (with the exception of law enforcement personnel)
 - Applications must be received 2 business days prior to the requested Ride-Along dates, exception Applicants who have been offered a Ride-Along after an interview.
- ✓ Law enforcement applicants must submit their application with copies of their official law enforcement ID.
- ✓ All applicants are subject to approval and background check by the Perry Police Department
- ✓ Applicants are strongly encouraged to complete a post Ride-Along survey

Participants whose applications are approved are limited to one Ride-Along every six months. Ride-Alongs are conducted Monday through Saturday, up to six hours shifts between: 6 a.m.-6 p.m. and 6 p.m.-midnight

RULES OF CONDUCT:

- ✓ A Valid photo ID and the Ride-Along Authorization Letter must be presented at the time of Ride-Along
- ✓ **The use of cameras, recording devices and/or cell phones are strictly prohibited**
- ✓ For your own safety, should an emergency occur during the tour, you must comply with any order or directive given to you by the officer(s)
- ✓ **NO weapons are allowed while participating in the Ride-Along Program. This includes those prohibited by law or otherwise permitted (e.g., self-defense spray)**
- ✓ The ride-Along may be cancelled, if the applicant arrives more than 15 minutes late for the appointment.
- ✓ All participants are subject to safety inspections of clothing/belongings prior to commencement of the Ride-Along
- ✓ Note: Applicants who cancel a Ride-Along can re-apply after 30 days.

I acknowledge with my signature that I have read and understand the Ride-Along Program Procedures & Rules as stated above:

Applicant's Name (print)

Applicant Signature

Date

Notary Signature

Date

Notary Seal/Stamp

Administrative Review

Perry Police Department

GENERAL RELEASE

I, _____, a participant in the Perry Police Departments' Ride-Along Program (*herein after referred to as the **PROGRAM***), affirm that I am at least eighteen (18) years of age and reside at

_____.
In consideration of and for the permission and authority to participate in the **PROGRAM**, I hereby release and forever discharge and shall hold harmless and indemnify the Perry Police Department, the City of Perry, and its agents, servants and employees (collectively herein after referred to as the **CITY**) from all actions, causes of action, suits, debts, sums of money, accounts, damages, judgements, claims and demands whatsoever which I, my heirs, executors, administrators, successors and assigns may have now or in the future against the **CITY** pursuant to my participation in the **PROGRAM** including, but not limited to, riding inside a Perry Police Department Vehicle and any acts related thereto.

This release may not be changed orally.

Participant's Signature

Date

Notary Signature

Date

Notary Seal/Stamp

Administrative Review

Perry Police Department

RIDE-ALONG APPROVAL

Applicant First Name _____ Last _____

Phone Number _____

Date of Ride-Along _____ Time _____ Maximum 6 hours Day or Night Shift _____

Administrative Review Approval Signature _____ Date _____