

POLICE RIDE-ALONG PROGRAM APPLICATION

Name: _____
Last First Middle

Address: _____
City State Zip

Phone #: _____
Home Cell

Date of Birth: _____ **Occupation:** _____

Driver's License: _____
State and Number

In case of emergency notify: _____ **Phone #:** _____

Reason(s) for requesting Ride-Along: _____

Do you have any physical, psychological, or medical restrictions that may hinder your participation in the ride-along program?
Y N

If yes, what? _____

Have you ever been arrested or convicted of a crime? Y N

If yes, please list the name of the arresting agency, year of arrest and what you were charged with and/or convicted of:

Are you currently under the orders of a Personal Protective order or any bond restriction? Y N

If yes, explain: _____

Have you or any of your family members been involved in any civil litigation or dispute involving the Jackson Police Department?
Y N

Your signature on this form certifies that the information and answers provided are true and accurate representations of the facts. Your signature also authorizes the Jackson Police Department to conduct a review of this information to determine eligibility to participate in the ride-along program.

I agree to abide by the rules set forth for participation and understand that the Jackson Police Department may terminate my participation in the ride-along program at any time. I also agreeably waive all liability holding the Jackson Police Department harmless during the time I am participating in the ride-along program.

Applicant Signature: _____ **Date:** _____

Director/Designee: _____ **Date:** _____

Approved: Y N