

CITIZEN RIDE-ALONG REQUEST

Dear Sir:

I would like to ride along on ___/___/___ accompanying Officer _____

for the following reason: _____.

I have read and signed the release form and I understand the provisions and liabilities.

Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Best time to call: _____

Sincerely,

(Signature) Date: _____

(Please Print Name)

RELEASE AND WAIVER

KNOW ALL MEN BY THESE PRESENT, that I _____
on behalf of my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever, for and in consideration of the authorization and permission to accompany officers or any officer of the Fayetteville Police Department during the course of their or his /her duties, which has been granted to me at my voluntary request, after having been fully advised of the potential hazards of such activity or activities, do hereby WAIVE AND RELEASE all demands, damages, actions, causes of action, suits and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever might otherwise have against the City of Fayetteville, the Fayetteville Police Department, and each and every officer, official, member, employee, agent and attorney thereof and therefore, and his or her heirs, next of kin, executors, administrators, and estate, on account of my death or injuries, both to person and to property, whether foreseeable or not, which may occur, directly or indirectly, or develop at anytime in the future as a result of my activities or association with the Fayetteville Police Department, whether in a police vehicle , in the police station, or otherwise in association with the police department and officers and officials thereof in any manner whatsoever. It is expressly agreed and understood that this WAIVER AND RELEASE shall apply for the express purpose of precluding forever all claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate, agents and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with the Fayetteville Police Department during:

(Dates of authorized participation)

I hereby declare that the terms of this WAIVER AND RELEASE have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany an officer or officers of the Fayetteville Police Department at my own request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that of my property.

(Signature of Observer)

Scott Pitts, Chief of Police

Juvenile Observers:

I hereby declare as Parent/Guardian that the terms of the WAIVER AND RELEASE have been fully read and understood by my juvenile child, and me and I freely and voluntarily enter into and accept the terms and conditions of the WAIVER AND RELEASE, and I hereby acknowledge receipt of a copy of this agreement.

(Print Name of Parent/Guardian)

(Signature of Parent/Guardian)

FAYETTEVILLE POLICE DEPARTMENT

OBSERVER COMMENT FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

DATE: _____

YES NO

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Was the experience of police work what you expected? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Did you expect more from the experience? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Was your experience educational? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Did the host officer adequately explain the aspects of his/her job to you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Was the host officer knowledgeable of the subject material? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Did the host officer conduct him/her self in a professional manner? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Was the host officer polite and courteous? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | If force was used, was it excessive? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Would you have performed the job differently? (If so, what? And why?) |

Explain: _____

10. Comments and/or Suggestions on the experience of the Ride-Along program or other aspects of the Fayetteville Police Department, or the operational procedures: _____

FAYETTEVILLE POLICE DEPARTMENT

OFFICER COMMENT FORM

OFFICER NAME: _____

DATE: _____

YES NO

- 1. Was the observer knowledgeable of police work?
- 2. Did the observer expect more from the experience?
- 3. Do you believe the observer enjoyed the experience?
- 4. Did the observer understand the aspects of your job?
- 5. Was the experience of having an observer educational?
- 6. Did the observer conduct him/her self in a professional manner?
- 7. Was the observer polite and courteous?
- 8. Was force used in any respect during the shift with the observer?
- 9. Would you have performed the job differently without an observer? (If so, what? and why?)

Explain: _____

10. Comments and/or Suggestions on the experience of the Ride-Along program or other aspects of the Fayetteville Police Department, or the operational procedures.

CONSENT FORM

I hereby authorize any Agent of the City of Fayetteville Police Department to receive any Criminal History Record and Driver/Motor Vehicle History information pertaining to me which may be in the files of any Federal, State, or Local Criminal Justice Agency. Additionally, I have provided a copy of my Drivers License and completed the information below to assist the Fayetteville Police Department in obtaining this information.

Printed Full Name (Last, First, Middle)

Address (Street Number)

City,

State

Zip

Date of Birth

Male Female

Sex

Race

Social Security Number

Drivers License Number

Signature

Date