

**WOLFEBORO POLICE DEPARTMENT
RIDE ALONG REQUEST**

RIDE-ALONG REQUEST

*Name: _____ *D.O.B. _____ *Home Phone # _____
*Work Phone #: _____

*Address: _____ Apt. #: _____

*Town, State & Zip Code: _____

Times you wish to ride: _____ to _____

Preferred Day(s) of the Week: _____
1st Choice 2nd Choice

Are you currently under a doctor's care? Yes ___ No ___

If Yes, please explain: _____

Are you currently taking any medication? Yes ___ No ___

If Yes, please explain: _____

Have you read and understood the guidelines for this ride? Yes ___ No ___

Indicate why you would like to ride-along: _____

Note: All requesting participants must present I.D. at the time of request.

* POLICE OFFICERS ONLY: Department: _____
Department Phone: _____

Date Signature of Applicant

RIDE-ALONG AUTHORIZATION

The above Ride-Along Request is approved/not approved. The requesting participant is authorized to ride-along on _____.

Date and Time

Signature of Chief of Police Date

**WOLFEBORO POLICE DEPARTMENT
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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION FOR RIDE-ALONG REQUEST

I, _____, do hereby authorize the review, release and full disclosure of all records concerning myself to any duly authorized agent of the Wolfeboro Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of: 1.) educational institutions; 2.) medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; 3.) employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and; 4.) any and all records of any court, legal, judicial or law enforcement agency or representative, or any other agency which, or representative who holds records of any action relative to any criminal, motor vehicle, civil, or other matter in which I am presently or have ever been involved in.

I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for a ride-along with the Wolfeboro Police Department. I also certify that any person(s), agencies, or businesses who may furnish such information shall not be held accountable for giving this information, and I do hereby release said person(s), agencies, or businesses from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden name)

Printed Name (include maiden name)

Street

Town, State, Zip Code

Phone Number

DOB: _____ SSN: _____

State of New Hampshire

Carroll County, SS

Subscribed and sworn to, before me, this _____ day of _____, 20_____.

By: _____

Notary Public / Justice of the Peace

My Commission Expires:

**WOLFEBORO POLICE DEPARTMENT
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RIDE-ALONG LIABILITY RELEASE

Solely at my own request, I, _____, have received permission to participate in the Ride-Along Program of the Wolfeboro Police Department. I realize that this permission has been granted by the Chief of Police at his discretion and that my participation in the Ride-Along Program is a privilege extended to me for my benefit.

I understand that certain police calls which are responded to by the Police Department, are inherently dangerous and unpredictable, and that by participating in the Ride-Along Program, I might be involved in such dangerous and unpredictable kinds of situations. I hereby do release, remise, and forever discharge the Town of Wolfeboro, the Wolfeboro Police Department, and their agents and employees from any and all liability from any claims and causes of actions, including but not limited to, actions for personal injury, death, illness, and property damage, which may result from my participation in the Ride-Along Program. I do realize that I am participating in the Ride-Along Program voluntarily and of my own choice, and I do accept any and all responsibilities and liabilities that may arise from said participation.

Signature

Printed Name

Date

Street, City, State, Zip

Approved: _____ Witness: _____

**WOLFEBORO POLICE DEPARTMENT
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**RIDE-ALONG PROGRAM
INDEMNIFICATION AGREEMENT FOR MINORS UNDER 18**

The undersigned, being the parent(s) and/or guardian(s) of _____,
in consideration of the agreement by the Wolfeboro Police Department to allow our child to participate
in the Ride-Along Program, hereby agree as follows:

- A. That no claim will be made by the undersigned on behalf of ourselves or on behalf of our child
for personal injuries or other losses sustained by our child as a result of our child's participation
in the above-described program.

- B. That in the event any claim is made by our child for injuries or damages sustained by our child as
a result of our child's participation in the above-described program, we shall hold the Town
harmless from, and indemnify it against, any such claim including reasonable attorney fees
incurred by the Town in connection therewith, whether or not such claim(s) result in litigation.

The undersigned acknowledge that our child's participation in the above-described program may
reasonably include dangerous activity. This Agreement is executed by the undersigned upon the
understanding that the Town will use its best efforts in the conduct of the above-described program.

Dated this _____ day of _____, 20____.

Parent/Legal Guardian

Parent/Legal Guardian

**WOLFEBORO POLICE DEPARTMENT
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GUIDELINES FOR RIDE-ALONG PARTICIPANTS

1. Arrange for transportation to and from Police Department.
2. Wear your identification badge during the ride-along.
3. In order to comply with Department policies and procedures, you **MUST** utilize the safety belts and other safety equipment in the police vehicle.
4. Tape recorders are **NOT** permitted in police vehicles. Cameras may **ONLY** be used at the discretion of the participating officer.
5. Certain police calls are considered inherently dangerous and your police partner may respond to the call after dropping you off at a safe place. Wait for another police vehicle to pick you up or you may call for your own ride.
6. You are encouraged to ask questions about police work. However, bear in mind your police partner cannot conceivably know about every event that has occurred in the Town of Wolfeboro.
7. **DO NOT** interfere in any way with the officers handling of a situation. You may ask questions concerning a specific assignment after it has been completed and you have left the scene.
8. You may observe an event during your ride-along which could require your appearance in court as a witness.
9. A Ride-Along Liability Release form is to be executed by you. In the case of a minor, the minor signs the Ride-Along Liability Release form and his/her parent(s) or guardian(s) will sign the Ride-Along Indemnification Agreement. In essence, it releases the Town of Wolfeboro from liability.
10. A minimum age of 16 years of age is required to participate in the Ride-Along Program of the Wolfeboro Police Department.
11. You may also observe events and learn privileged police information during your ride-along. This shall remain confidential information and under no circumstances shall you release this information to any person, group, or media source. Note: You should also be aware that certain information, if released, could lead to criminal charges.
12. No weapons of any kind may be carried during your ride-along

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POLICE WEAPONS APPROVAL

1. Police officers may carry a handgun when participating in the Ride-Along Program, with the following guidelines:

A. Weapon must be noted below and approved by the Chief of Police or his designee.

B. The following restrictions must be understood:

Under Federal law, we are allowing you to carry a weapon during your participation in Wolfeboro's Ride-Along Program. You will not participate in any law enforcement function without a specific request made by a Wolfeboro Police Officer, unless you have authority given to you by virtue of your office.

I understand and will comply with all directions listed above.

Signature

Date

Printed Name

Weapon: _____

Approval:

Dean D Rondeau, Chief of Police

Date

Officer in Charge of Ride-Along

Date