



ABERDEEN POLICE DEPARTMENT

Town of Aberdeen
804 N. Sandhills Blvd., Aberdeen, NC 28315
Phone: 910-944-9721 Fax: 910-944-1545



ABERDEEN POLICE DEPARTMENT RIDE-A-LONG APPLICATION

Name (first, middle, last): _____ D.O.B: ___/___/___

Age: _____ Sex: (M) _____ (F) _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: (H) _____ (C) _____ (W) _____

E-mail Address: _____

Driver's License #: _____ State Issued: _____

Indicate why you would like to participate in the Aberdeen Police Department Ride-A-Long Program:

Please indicate when you would like to ride.

Day of Week: _____ Date: ___/___/___ Time: _____ to _____

Are you currently under doctor's care? YES* _____ NO _____

Are you currently taking medication? YES* _____ NO _____

Have you read and understand the guidelines for the Ride-A-Long? YES _____ NO _____

Have you participated in the Ride-A-Long program within the last six months? YES _____ NO _____

Have you ever been convicted of a criminal offense other than minor traffic violation?

YES* _____ NO _____ If Yes, what were you charged with? _____

Are you presently employed as a police officer or law enforcement official? YES* _____ NO _____

**Aberdeen Police Department
Ride-A-Long Program Waiver**

FOR A MINOR (Under 18 Years of Age)

I, _____, do hereby grant
(Parent or Guardian's Name)
_____, to participate in the Aberdeen Police Department
(Child's Name)

Ride-A-Long Program. I recognize that my child will be accompanying a police officer on patrol duty, and I have read the program's guidelines. I hereby waive, on behalf of myself and my child, any right and/or cause of action that I or my child may have against the Town of Aberdeen or the Aberdeen Police Department arising from my child's participation in the Ride-A-Long Program.

(Parent's Signature and Date) (Child's Signature)

FOR A LAW ENFORCEMENT OFFICIAL

I am currently a law enforcement official with _____.
(Name of Department) (Phone #)

I understand that I am NOT to take any law enforcement action while participating in the Ride-A-Long Program, and that the Aberdeen Police Department has not authorized me to take any law enforcement action while I am participating in this program. I hereby waive any right and/or cause of action that I may have against the Town of Aberdeen or the Aberdeen Police Department arising from my participation in the Ride-A-Long Program.

(Signature) (Date)

FOR AN ADULT

I hereby waive any right and/or cause of action that I may have against the Town of Aberdeen or the Aberdeen Police Department arising from my participation in the Ride-A-long Program.

(Signature) (Date)

-----FOR DEPARTMENT USE ONLY-----
Approved: _____ Denied: _____
Team Assigned: _____ Officer Assigned: _____
Date Ride-A-Long Program is scheduled: _____
Date Ride-A-Long Program is completed: _____
Officer Assigned: _____



**Aberdeen Police Department
Ride-A-Long Program Guide
(To Be Completed At Time Of Ride-A-Long)**

- _____ 1. Will Not carry a firearm except as authorized by North Carolina General Statutes.
- _____ 2. Will wear a seatbelt at all times while inside the patrol vehicle.
- _____ 3. Will remain in the vehicle at all times unless instructed by the assigned officer to do otherwise.
- _____ 4. Will follow all instructions given by the assigned officer or his/her supervisor.
- _____ 5. Any information of a confidential nature must be kept in confidence. If a statement is needed, you will comply with the request.
- _____ 6. The ride-along will not become involved in any investigation, handling of evidence, or discussions with victims or suspects
- _____ 7. Must dress appropriately (Business Casual), no shorts or t-shirts will be worn.
- _____ 8. If needed, I understand that I could be called as a witness in a criminal or civil matter.
- _____ 9. Review Radio Procedures to summon assistance in case of an emergency.
- _____ 10. All areas of this form will be reviewed prior to any Ride-A-Long.

Rider's Name

Date

Officer Assigned

Shift Supervisor

Start Time

End Time