



# CONCORD POLICE DEPARTMENT

## Ride Along Application / Waiver to Participate

**Applicant Information:**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Last First Middle

\_\_\_\_\_ Home Phone Cell Phone  
 Physical Street Address of Residence

\_\_\_\_\_ Email Address  
 City State Zip Code

Driver License # / State Issued: \_\_\_\_\_

Have you ever been charged with or convicted of any criminal offense? Yes No

If yes, please list the offenses: \_\_\_\_\_

**In Case of Emergency Notify:**

\_\_\_\_\_ (relationship)  
 Name (print)

\_\_\_\_\_ Address

\_\_\_\_\_ (business)  
 Phone (home)

**Your interest is related to: (please check)**

- Academic
- Community program
- Concord 101
- Employment
- Family member / friend of officer
- Public Safety Academy
- Other \_\_\_\_\_

**Do you desire to be provided body armor?**

Yes No

**Guidelines & waiver:**

In consideration of permission to accompany City of Concord police officers during the performance of their official duties and permission to ride in a City owned motor vehicle, I do hereby agree to refrain from interfering with said officer(s) and be subject to their orders as to how I shall conduct myself while accompanying said officer(s). I do further release and hold harmless the City of Concord and its police officer(s) from any and all claims, damages, or rights of action I may experience while engaged in such activities. PROVIDED, HOWEVER, that in the event I should be deputized by any officer, pursuant to state law, and follow their commands as a deputized citizen, then my rights and protection shall be the same in all events as that of any other deputized citizen following the commands of a police officer. Additionally, I understand that all information from internal police documents and records, including information on individuals or investigations that might be acquired as a result of my association with the Concord Police Department will remain strictly confidential. I further understand that the Concord Police Department will review my criminal and driver's history before approval is made to participate. I will dress in business casual clothing, and wear department issued identification. I will not possess a personal weapon during the ride along process.

I certify that the above information is correct. The Concord Police Department has my permission to request from the proper authorities a criminal and driver's history in connection with this application.

\_\_\_\_\_ Date  
 Signature of Participant

Internal Use: Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Denied by: \_\_\_\_\_ Date: \_\_\_\_\_ (If denied, attach reason)

Ride Assignment Officer \_\_\_\_\_ District \_\_\_\_\_ Shift \_\_\_\_\_

If previous ride, ride date(s) \_\_\_\_\_ NOTE: Form to be filed with Executive Assistant upon completion.