

JACKSONVILLE BEACH POLICE DEPARTMENT

RIDE-ALONG PROGRAM APPLICATION

FULL NAME: _____ DOB: _____ M: F:
ADDRESS: _____ RACE: _____
CITY/STATE: _____
HOME PHONE: _____

HAVE YOU PARTICIPATED IN THE RIDE-ALONG PROGRAM WITHIN THE LAST 90 DAYS?
YES _____ NO _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____
ADDRESS: _____
CITY/STATE: _____
TELEPHONE: _____

ARE YOU A STUDENT? YES NO
NAME OF SCHOOL: _____
OCCUPATION: _____
NAME OF EMPLOYER: _____
EMPLOYER'S ADDRESS: _____
EMPLOYER'S PHONE: _____

YOUR REASON(S) FOR REQUESTING TO PARTICIPATE IN THE RIDE-ALONG PROGRAM (BE SPECIFIC)
Participating in the Citizen Police Academy.

Applicant: do not fill in any information below this line:

SUPERVISOR

OFFICER REQUESTING APPLICANT

SHIFT TO RIDE (TIME & DATE)

APPROVED BY

TIME REPORTED

TIME DEPARTED

RELEASE AND WAIVER

Please fill in the appropriate information and have it Notarized

I, _____, for and in consideration of the City of Jacksonville Beach, allowing me to participate in a Police Ride-Along Program which entitles me to be present in patrol cars of the Jacksonville Beach Police Department during the actual working hours of police officers on patrol and to be present in the Jacksonville Beach Police Headquarters and to be permitted to observe the activities of the police department, do hereby agree as follows:

- 1) I acknowledge and understand, that in participating in this program, I am exposing myself to all those risks usually associated with police activity and that I expressly assume such a risk.
- 2) I further understand, that while participating in this program, I will be assigned to one or more police officers and I further agree that at all times I will obey commands of those officers or their superior officers, obeying all departmental rules and state laws.
- 3) I further do hereby for myself, my heirs, executors and administrators, remise, release and forever discharge the City of Jacksonville Beach and its agents officers and employees of and from all manner of action and actions, cause or causes of action, suits, debts, claims, damages or injuries, whatsoever in law or equity, which I might have against the City of Jacksonville Beach, its agents, employees and officers by reason of any cause or thing whatsoever.

Signature of applicant

Witness

Witness

STATE OF FLORIDA
COUNTY OF DUVAL

Before me this day personally appeared, _____, who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____, _____.

Notary Public

My commission expires: _____