

EDENTON POLICE DEPARTMENT Ride-Along Program

Application

*Instructions: Please complete the **Ride-Along Application** and the **Waiver of Liability** forms and return to the Edenton Police Department (Attn: Chief of Police, 301 N. Oakum Street, Edenton, N.C. 27932) or fax to 482-4999, at least 2 weeks prior to the date of the requested Ride-Along. All applicants for this program are subject to a criminal history check.*

Name: _____ Date of Birth: _____ Age: _____
Home Address: _____ Phone: _____
Business & Address: _____
Phone: _____ Occupation: _____

Information Needed for Criminal History Check:

Date of Birth: _____ SS# _____ Race: _____ Gender: _____

Are you a local resident of Edenton? ____ YES ____ NO

Do you work, own a business, or go to school in Edenton: ____ YES ____ NO

Check one (if applicable):

- ____ I'm a participant in the E.P.D.'s Citizen's Law Enforcement Awareness Academy.
- ____ I'm a participant in the Leadership Edenton Program.
- ____ I'm a police officer applicant with the EPD.
- ____ I'm a sworn LE Officer of another Agency.
- ____ I'm a family member of an E.P.D. employee.
- ____ I'm participating as a requirement of a school/training class.

In case of emergency:

Name: _____ Phone: _____
Relationship to Applicant: _____

Please fill in the date and time that you would like to participate in the Ride-Along Program. (Note: four hours maximum per Ride-Along; participants cannot ride past 2:00 a.m. or before 7:00 a.m.)

1 st Choice:	_____	to	_____	
	<i>Date</i>		<i>Beginning Time</i>	<i>Ending Time</i>
2 nd Choice:	_____	to	_____	
	<i>Date</i>		<i>Beginning Time</i>	<i>Ending Time</i>

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Please provide two references, not related to you:

Name: _____ Phone: _____
Name: _____ Phone: _____

Please list any law violations (other than traffic violations) by listing the charge(s), location of arrest(s), date of arrest(s), and court disposition(s): _____

Are you under any prescribed medications that may induce sleep or otherwise alter you alertness? ____ YES ____ NO

Do you have any physical conditions (i.e. pregnancy, heart condition) that may be jeopardized if you are placed in a stressful situation? ____ YES ____ NO

Why would you like to participate in the Ride-Along Program? _____

How did you learn about the Ride-Along Program? _____

I understand that a criminal history check will be conducted before approval is granted to participate in the Ride-Along Program. By signing below, I authorize the EPD to conduct a criminal history check and attest that the information provided in the application is true to the best of my knowledge.

Participant Date

NOTE TO APPLICANT: Upon receipt, processing, and approval of this application, you will receive notification by phone or mail to confirm the date and time of your participation in the Ride-Along program.

(For office use only)

Application Received: _____
Waiver of Liability Received: _____
Criminal Check conducted: _____

Approved: _____
Denied: _____
Date: _____

Chief of Police