***Kitty Hawk Police Department***

**G.O. 4.005**



Ride-Along Program Application

This Application has been:

Approved Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Signature

***Applicant’s Personal Information***

Applicant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code

Race:\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Allergies / Special Medical Conditions: Yes\_\_\_\_ No\_\_\_\_ If yes, Please Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Applicant’s Emergency Contact Information***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Background investigation***

Applicants must successfully pass a Background Investigation prior to riding with a police officer. The Kitty Hawk Police Department will check your criminal history and the other relevant records to ensure eligibility. The background investigation will include, but is not limited to, the following inquires:

*The Kitty Hawk Police Department Records Check*

*Division of Motor Vehicles Driver’s History Check*

*NC Administrative Office of the Courts*

*Division of Criminal Information National Records Check*

I agree to a background check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

***ACKNOWLEDGEMENT OF RISKS AND GENERAL RELEASE***

***OF TOWN’S LIABILITY BY PATROL CAR PASSENGERS***

I, the undersigned, being at least (18) years of age, request permission to ride in a Town of Kitty Hawk police patrol car for personal education purposes. In consideration of the Town of Kitty Hawk’s granting my request, I represent and agree to the following:

1. I acknowledge, by my signature below, that I am aware of the danger and personal risk to my well-being while I am a passenger in a Kitty Hawk Police patrol vehicle; and I further acknowledge that I, hereby, relinquish the Kitty Hawk Police Officers, the Kitty Hawk Police Department, and the Town of Kitty Hawk of any and all responsibility for my safety and of all liability for any injury to my physical, mental, or emotional well-being while I am a passenger in a police patrol vehicle for the Town of Kitty Hawk, North Carolina.
2. I also acknowledge, by my signature below, that I am fully aware of the dangers and risks to my personal well-being should I exit the patrol vehicle for any reason, at any time; during the course of the tour of duty and that I, hereby, relinquish the Kitty Hawk Police Officers, the Kitty Hawk Police Department, and the Town of Kitty Hawk of any and all responsibility for my safety and of all liability for any injury to my physical, mental, or emotional well-being, should I exit the vehicle, with or without the consent and/or knowledge of the officer operating the vehicle.
3. I agree that permission granted to me to ride in the patrol car and accompany an officer may be revoked at any time by a decision of the patrol officer operating the car, or by any supervisory or command officer.
4. I also acknowledge, by my signature below, that I have read and fully understand the attached Operational Guidelines.

I have read and fully understand this acknowledgement of risks and general release of liability.

Signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

with the intention of legally obligating myself.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Identification Verified By) (Date)

Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public (Printed Name)

(SEAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires

Operational Guidelines

(To Be Provided To Applicant)

* Persons wishing to participate will notify the Kitty Hawk Police Department (252) 261-3895 (72) hours in advance of the time they wish to participate.
* Valid picture identification will be required for all participants; a copy of the identification must accompany the waiver. Applicants that do not have valid, current, picture identification will not be allowed to participate in the Ride-Along Program. Proper identification must be presented to the watch commander or designee prior to each ride along.
* Participants are prohibited from carrying firearms, knives, or any other weapons.
* Participants’ ride-along application expires in six (6) months. Applications will be kept on file for (1) year.
* Participants will not be allowed to enter private residences without valid consent from the homeowner. ***This applies to all*** ***ride-along participants*** (including law enforcement officers from other jurisdictions).

**Dress Code**

* All persons riding with an officer will be neat in appearance and well groomed.
* Appropriate closed-toe footwear is required. Items such as flip-flops, sandals, etc. are prohibited.

***MALES***

* Males shall wear dress trousers or “docker” style pants. No shorts of any type will be allowed.
* Shirts shall be either button-down or knit “polo” style with a collar. Tee-shirts, tank-tops, or other similar attire is prohibited.

***FEMALES***

* Females shall wear dress trousers or “docker” style pants. No shorts of any type will be allowed. Females may were skirts or dresses; however, the hem shall not extend higher than 2 inches above the knee.
* Shirts shall be either button-down or knit “polo” style with a collar. Tee-shirts, tank-tops or other similar attire is prohibited. Females may were a neat / casual blouse as considered appropriate business attire.
* Females may wear small post earrings, attached to the ear lobe, with no hanging parts. Limit of one earring per ear.

***ADDENDUM***

The following information shall apply to full time law enforcement officers sworn in the state of North Carolina:

1. Law Enforcement Officers who wish to participate in the ride-along program shall complete all required paperwork to include the personal data information sheet and waiver.
2. Officers shall comply with all criteria such as time limitations, appropriate dress, prior notification, etc.
3. Officers who wish to carry a weapon while riding must have their badge, department ID, and NC driver’s license while riding. The weapon must be carried in accordance with North Carolina General Statutes and their department policy.
4. The weapon must be concealed while in the presence of the public.

*NOTE: Law Enforcement Officers from outside the state of North Carolina will comply with policy as any other citizen and shall not carry a weapon while riding with an officer.*

***CRIMINAL RECORDS CHECK***

All persons participating in the ride-along program will have a Division of Criminal Information history check conducted prior to riding. This will include a check of the Administrative Office of the Courts and DMV. Persons found with any outstanding criminal charges are prohibited from participation. Persons completing community service hours or who are required to participate in this type of program resulting from a court sentence are prohibited.

Persons participating will conform to minimum standards for law enforcement officers as required by the North Carolina Criminal Justice Education and Training Standards Commission, in accordance with the NC Administrative Code, Title 12, Chapter 9B, Section 111 and is described as follows:

No person will be allowed to participate if:

* Convicted of a Felony
* Convicted of a crime for which punishment could have been imprisonment for more than two years.
* Convicted for an unlawful act defined as a “Class B Misdemeanor” within the past five (5) years.
* Convicted of four (4) or more unlawful acts defined as a “Class B Misdemeanor” regardless of the date of conviction.
* Convicted of four (4) or more unlawful acts defined as a “Class A Misdemeanor” unless the last conviction occurred more than two years prior to the date of the request for participation.

In addition, no participant shall be permitted to ride if a Domestic Violence Protective Order is or has been issued against the applicant.