

RAYMORE POLICE DEPARTMENT

APPLICATION TO RIDE-ALONG WITH THE POLICE DEPARTMENT

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Date of Birth _____ Social Security Number _____

Employer _____

Emergency Contact Person _____ Phone _____

Date of Last Ride-Along (if applicable) _____

Date Requested to Ride _____
(must be at least 1 week from date of application)

WAIVER

This document releases the City of Raymore, any of its officials or police officers, of any responsibility or liability stemming from my involvement in any accident or police action resulting in death or injury, while I am a passenger in a police vehicle or accompanying an officer in his duties outside the vehicle.

Signature _____

Parent/Guardian Signature _____
(required if under age 18)

Witness _____

Department Use Only

Shift Commander Approval _____ Date _____

Chief of Police Approval _____ Date _____

Officer in charge of vehicle _____