MARIETTA POLICE
RIDE-ALONG APPLICATION

Name: _____

Full Home Address: _____

Date of Birth: _____ **Sex:** _____ **Race:** _____

Phone #1: _____ **Phone #2:** _____

Name & Address of Employer: _____

List any Criminal or Traffic Convictions Outside of the State of Georgia:

_____

_____

State Your Reason for Wishing to Participate in the Ride-Along Program:

_____

_____

Which four hour block do you prefer (you may or may not receive it):

___ 7 a.m. – 11 a.m. **___ 11 a.m. – 3 p.m.** **(Day Watch)**

___ 3 p.m. – 7 p.m. **___ 7 p.m. – 11 p.m.** **(Evening Watch)**

___ 11 p.m. – 3 a.m. **(Morning Watch)**

Policing With A Vision

GUIDELINES OF RIDE-ALONG PROGRAM

1. Applicants must be at least 18 years of age unless they are an approved member of the Marietta Police Department Explorers Program.

2. Applicants must have no felony or narcotics convictions and must be free of any misdemeanor convictions which are considered unacceptable by the Marietta Police Department.

3. The applicant must complete and sign a criminal history authorization form.

4. The applicant must complete and sign this ride-along request application.

5. The applicant must complete a waiver of liability form, sign the form in the presence of a notary and have the form notarized.

6. No participant will act as a police official in any manner.

7. While participating in the ride-along, no participant is allowed entry into a residence or any other location where a reasonable expectation of privacy exists.

8. No weapons such as firearms, batons, O.C. Spray, etc. will be carried by a ride-along participant including representatives from other law enforcement agencies.

9. Audio and Video recordings will not be allowed during the ride-along. No cameras or recording devices of any type will be carried by a ride-along participant.

10. Ride-along participants must be dressed in appropriate business casual attire (no blue jeans, shorts, sandals, etc). Participants wearing inappropriate attire will not be allowed to participate that day.

11. Ride-along participants will not wear clothing items or accessories which bear a law enforcement affiliation or symbols/logos, etc. which are considered objectionable by the Marietta Police Department.

By signing below I acknowledge the rules listed above and promise that I will abide by them when participating in this program. I realize that my failure to follow any of the aforementioned rules, or providing false or misleading information on this or any other Marietta Police Department form will result in the immediate cancellation of my present and future privilege to participate in this program.

_____ _____

Participant's Signature Date

_____ _____

Deputy Chief of Uniform Patrol or Designee Date

STATE OF GEORGIA

COUNTY OF COBB

WAIVER OF LIABILITY

WHEREAS, the undersigned, _____ desires to ride with a member of the City of Marietta Police Department in order to observe the activities of the City of Marietta police;

NOW, THEREFORE, for and in consideration of the use of the premises, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby declare and agree to the following:

(a) agree and warrant that they do hereby release, defend, indemnify and save harmless the City of Marietta, its officers, directors, employees, and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including, but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from riding with a member of the City of Marietta Police Department or arising out of any activities in connection with the ride-along with the City of Marietta police, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Marietta;

(b) agree and warrants that they shall reimburse the City of Marietta for legal fees and other costs incurred in the City of Marietta's defense of such claims of litigation. The City of Marietta shall have the right to participate in the defense of any claims or litigation and shall have the right to approve any settlement;

(c) agrees that this release extends and applies to, and also covers and includes, all unknown, unforeseen unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived;

(d) acknowledge that the waiver hereby releases and discharges the City of Marietta, its officers, directors, employees and agents, of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the ride-along with the City of Marietta Police Department. The undersigned further covenants with the City of Marietta that they, their heirs, executors, assigns and transferees will never at any future time sue the City for or on account of any claim for damages arising out of their participation in the ride-along with the City of Marietta Police Department

whether such claims arise by the negligence of the City of Marietta, its employees or agents, or by the negligence of any other participant;

(e) agrees and understands that the agreement by the City of Marietta to allow the undersigned to ride with a member of the City of Marietta Police Department, is not to be construed as an admission of liability and acceptance of assumption of responsibility by the City of Marietta, its officers and members.

WITNESS the hand and seal of the undersigned, this _____day of _____, 201 __.

"Undersigned": _____
(sign here)

Signed, sworn to, and
subscribed before the under-
signed notary public

_____
Notary Public

Commission Date:

GEORGIA CRIME INFORMATION CENTER
AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act:: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to $50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a $5000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All data bases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed:_Date:_____

Witnessed: Date:_____

Reviewed 2013

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the **Marietta Police Department** to conduct an inquiry for the purpose listed below and receive any Georgia criminal history record information as authorized by state law and/or for codes J, Z and C, any national criminal history record information as authorized by federal law.

Full Name (print)			
Address			
Sex	Race -(A-Asian, B-Black, I-Native American, W-White)	Date of Birth	Social Security Number

☑ This authorization is valid for ninety (90) days from date of signature.

Signature _____ Date _____

DO NOT WRITE BELOW...POLICE USE ONLY

Date of Request:_____Time of Request:_____Operator's Initials: _____

Purpose Code Used: (check one)

	NON-CRIMINAL JUSTICE PURPOSES
	E - Employment
	M - Working with Mentally Disabled
	N - Working with Elderly
	W - Working with Children
	P - Public Records (no consent required)
	PERSONAL REQUEST (INDIVIDUAL)
	U - Personal Copy
	CRIMINAL JUSTICE EMPLOYMENT
	J - Civilian Criminal Justice Employment (State & III Info Received)
	Z - Sworn Criminal Justice Employment, LEOSA (State & III Info Received)
C	C- Citizen Police Academy, Ride-Along, Contract Vendors (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title _____ Date _____