

Citizen  C.O.P.  Volunteer  Citizen's Academy  Other Describe:

Name:	Sex:	Race:
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Home Address:

Home Phone #:	Alt Phone #:	DOB:	Age:	DL#:	DL State:
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Email:

Emergency Contact Person:

Relationship:	Phone #:	Alt. Phone #:
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*The above named individual would like to Ride Along with an officer and observe police activity*

This person would like to ride along in: Division:	On Date:	Shift:
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Referred to this program by:

Reason for Riding:

**This Section for CMPD Use only: Do not Complete**

Does Applicant have a Concealed Weapon Permit: No  Yes

Arrested? No  Yes  If yes, list charges:

Warrants? No  Yes  If yes, list:

Background check done by:	Date:
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Attention Notes:

Approved by:	Date:
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Individual rode with Officer:	Date:
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**GENERAL RELEASE FORM**

North Carolina  
Mecklenburg County

I, \_\_\_\_\_ of \_\_\_\_\_,

for good and valuable consideration acknowledged, do hereby discharge and release the City of Charlotte, its agents, and employees from any liability or claim which may arise because of the personal injury or property damage which I may suffer, or which may result from or have its origin in my riding in a Charlotte-Mecklenburg Police Department vehicle, boat or helicopter or by my accompanying any member of the Charlotte-Mecklenburg Police Department on any official mission or other undertaking.

In accepting this opportunity to accompany members of the Charlotte-Mecklenburg Police Department or to ride in a Charlotte-Mecklenburg Police Department vehicle, boat or helicopter, I understand that:

1. I will not assist any member of the Charlotte-Mecklenburg Police Department in accomplishing any tasks or in the performance of their duties, and that I am not in any way deputized to so act or assist any member of the Police Department.
2. I further understand that I will not in any way act as an agent of the City of Charlotte or its employees.

This _____	Day of _____	20__
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Witness Signature: _____ _____	Citizen Signature: _____
Address: _____	

(a parent or legal guardian must also sign if participant is under 18 years of age)

Parent/Guardian Signature:	Date:
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**Submit Application to:**  
Field Operations Support Services  
Fax: 704-336-6040  
Email: RideAlongs@cmpd.org