



Ride Along Request Form

Waite Park Police Department

19 13th Avenue North, Waite Park, MN 56387
Office 320-251-3281 | Fax 320-259-4528

APPLICANT INFORMATION

Applicant Name: _____

Date: _____

HOLD HARMLESS AGREEMENT

The undersigned, being eighteen years of age or older, does hereby request the Waite Park Police Department of Waite Park, Minnesota, for permission to ride, as an observer only, in an authorized Waite Park Police Department motor vehicle. This observation is for the purpose of educational benefit. If permission is granted, I hereby agree to obey at all times all instructions, orders and commands given me by the officer or officers in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations will arise which might result in my being exposed to danger of physical harm, personal injury, or death caused by incidents including, but not limited to, motor vehicle, aircraft, or boating accidents; assault; battery; or any intentional or negligent acts or omissions by me, or any officer, employee, or agent of the City of Waite Park, Minnesota.

Wherefore, in consideration for the educational benefit to be received and the granting of the above request, I hereby agree to hold the City of Waite Park, its Council Members, its employees, agents and servants harmless from all liability for property damage, physical harm, personal injury, or death arising out of my experience as an observer, and I further waive all my rights or claims to damages, legal or equitable, arising out of any intentional or negligent acts or omissions by me, or any officer, employee, agent of the City of Waite Park.

Applicant Signature: _____

Date: _____

TENNESSEN WARNING

Pursuant to the Minnesota Government Data Practices Act, the City of Waite Park is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public.

Private data is available only to you, to appropriate city employees, and others as provided by state and federal laws who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application that is not designated in this notice as private data.

The information you give about yourself is needed to identify you and to assist the City of Waite Park in determining your suitability for the position for which you are applying. Failure to provide required information may make you ineligible for consideration for the position.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant Signature: _____

Date: _____

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a **Police Ride Along**, the City of Waite Park, Minnesota; I hereby authorize any investigator, or duly accredited representative of Waite Park, Minnesota, bearing this release, or a copy thereof, within one year of this date to obtain any information from schools, residential management agents, employers, criminal justice agencies or individuals, relating to my activities. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the city and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant Signature: _____

Date: _____



Ride Along Request Form

Waite Park Police Department

19 13th Avenue North, Waite Park, MN 56387
Office 320-251-3281 | Fax 320-259-4528

APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____
Other Legal Names (Example Maiden): _____
Sex: _____ Driver's License #: _____ State: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: _____ Email: _____
Applicant Signature: _____ Date: _____

REQUEST INFORMATION

Reason for Ride Along Request:

- Waite Park Resident
 Criminal Justice Student School: _____
 Other _____

Preferred Dates/Times: _____

OFFICE USE ONLY

BCA (C): _____ MNCIS: _____ SMART: _____ VISIONS: _____

CCH: _____ Date: _____ Case #: _____

Background Results: Clear See Attached

Comments:

Decision: Approved Denied On Hold

Signature (Police Chief): _____ Date: _____

Applicant Notification:

- Email Mail Phone

Date Notified: _____ Initials _____