GUIDELINES OF RIDE-ALONG PROGRAM

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

2. **Applicant must have no felony or narcotics convictions and must be free of any misdemeanor convictions which are considered unacceptable by the Chief of Police.**

3. **The applicant must complete a criminal history authorization form.**

4. **The applicant must complete this ride-along request form.**

5. **The applicant must complete a waiver of liability form.**

6. **No participant will act as a police agent 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.**

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 Dunwoody 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	
Date	
Chief of Police Approval	**Approved** **Denied**
Chief of Police Signature	
Date	

41 Perimeter Center East, Suite 100
Dunwoody, GA 30346

P: (678) 382-6900 F: (770) 396-4655
www.dunwoodypolice.com
www.twitter.com/dunwoodypolice

RIDE-ALONG APPLICATION

Name	
Address	
Date of Birth	
Sex	
Race	
Home Phone	
Work Phone	
Name & Address of Employer	
Email address	

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

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

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STATE OF GEORGIA
COUNTY OF DEKALB

WAIVER OF LIABILITY

WHEREAS, the undersigned, _____ desires to ride with a member of the City of Dunwoody Police Department in order to observe the activities of the City of Dunwoody 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 Dunwoody, 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 Dunwoody Police Department or arising out of any activities in connection with the ride-along with the City of Dunwoody police, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Dunwoody;

(b) agree and warrants that they shall reimburse the City of Dunwoody for legal fees and other costs incurred in the City of Dunwoody's defense of such claims of litigation. The City of Dunwoody 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 Dunwoody, 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 Dunwoody Police Department. The undersigned further covenants with the City of Dunwoody 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 Dunwoody Police Department whether such claims arise by the negligence of the City of Dunwoody, its employees or agents, or by the negligence of any other participant;

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

WITNESS the hand and seal of the undersigned, this _____day of _____, 20____.

"Undersigned": _____
(sign here)

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

_____
Unofficial Witness

_____
Notary Public

Commission Date:

DUNWOODY POLICE DEPARTMENT Billy Grogan *Chief of Police*

CRIMINAL HISTORY RECORD CHECK CONSENT FORM

I hereby authorize the Dunwoody Police Department to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

_____
Full Name (print)

_____
Address

_____ _____ _____ _____
Sex Race Date of Birth Social Security Number

_____ _____
Signature Date

Purpose of Request:

- ☐ Personal Inspection (Purpose code E)
- ☐ Ride-Along Program (Purpose code C)
- ☐ Explorers Program (Purpose code C)
- ☐ Permits (Purpose code E)
- ☐ Adoption (Purpose code E)
- ☐ Volunteer Police Officers (Purpose code J)
- ☐ Employment with criminal justice agency – civilian (Purpose code J)
- ☐ Employment with criminal justice agency – P.O.S.T. certified (Purpose code Z)

One of the following must be checked:

☐ This authorization is valid for 90/180/_____ (circle one) days from date of signature.

☐ I, _____ give consent to the above named to perform ***periodic*** criminal history background checks for the duration of my employment with this company.

_____ _____
DPD Certified Agent Date

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