



Police Ride-Along Application

Submit Application and copy of Government Issued ID Card in person at 467 Hay Street, fax 910.433.1813 or by email: audreybingham@fayettevillenc.gov.
For more information, call 910.433.1820

Date of Application: _____

APPLICANT INFORMATION: <input type="checkbox"/> Citizen <input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Police Officer Applicant <input type="checkbox"/> Other									
Full Name:									
Home Address:									
Phone Number:		Email Address:							
Social Security Number:		Sex:		Race:		DL#:			
Emergency Contact Name:		Emergency Phone Number:							
Relationship to Applicant:									
The applicant would like to ride along : <input type="checkbox"/> Patrol <input type="checkbox"/> Forensics <input type="checkbox"/> Communications <input type="checkbox"/> Other									
Preferred day of week:		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		Preferred Shift:		<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekends			
<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun									
Referred to this program by:		Reason for Riding:							
		X Applicant							

This Section for FPD Use Only – to be completed by OPS									
Does Applicant have a Concealed Weapon Permit?		<input type="checkbox"/> No <input type="checkbox"/> Yes		County of Issuance:					
Has Applicant Been Arrested:		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> If yes, List Charges:					
Does Applicant have active Warrants?		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> If yes, List Charges:					
Background Completed by:		Date:							
Background Investigator Notes:									
Background Approved by:		Date:							
Assigned Employee:		Date:							

General Release Form – to be completed on the day of your ride along									
Cumberland County, North Carolina									
I, _____ signed this _____ Day of _____, 20____ for good and valuable consideration acknowledged, do hereby discharge and release the City of Fayetteville, 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 Fayetteville Police Department vehicle, boat or helicopter or by my accompanying any member of the Fayetteville Police Department on any official mission or other undertaking. In accepting this opportunity to accompany members of the Fayetteville Police Department or to ride in a Fayetteville Police Department vehicle, I understand that.									
<ol style="list-style-type: none"> I will not assist any member of the Fayetteville 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. I further understand that I will not any way act as an agent of the City of Fayetteville or its employees. 									
Citizen Signature: _____					Witness Signature: _____				
Supervisor Notes:									