

**Southington Police Department**  
69 Lazy Lane  
Southington, CT 06489  
P: 860-378-1600  
F: 860-378-1699



## Police Ride-Along Program Request and Waiver Form

**You must sign and submit this form to the Southington Police Department before your ride-along can be scheduled.**

I, the undersigned, hereby request permission to ride in a police vehicle of the Southington Police Department, at such times and in such areas as may be approved by the Chief of Police or his designated representative. I understand that the police vehicle will be engaged in normal police patrol and law enforcement activities, some of which may be dangerous and expose passengers to risk or harm. I acknowledge this risk and voluntarily accept it, hereby releasing the Town of Southington, the Southington Police Department, and the individual Officers, employees, and/or agents of such Town and Police Department from any liability which might result from my participation in this program. I give permission to have my background checked for criminal history. I agree to the rules and instructions listed on this form.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### COMPLETE THE FOLLOWING REQUIRED INFORMATION BELOW – PLEASE PRINT

**Completed by Applicant**

Full Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License ID Number: \_\_\_\_\_ State: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1st Time Preferred (4 hour period): \_\_\_\_\_ 2nd Time Preferred (4 hour period): \_\_\_\_\_

Requested Officer: \_\_\_\_\_ School Attending/Occupation: \_\_\_\_\_

**NOTE: Applicants under eighteen (18) years of age must have this form read and signed by their parent or guardian prior to any participation in this program. The ride-along program is generally open to persons who are at least eighteen (18) years of age and a Southington resident.**

### Permission of Parent or Guardian

I, the undersigned, being the parent or guardian of \_\_\_\_\_ hereby join with him/her in requesting permission for him/her to ride in a police vehicle as foresaid, and do join with him/her in granting a release and discharge the Town of Southington, the Southington Police Department, and the individual Officers, employees, and/or agents of such Town and Police Department from any liability which might result from my participation in this program.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Administrative**

Application Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Ride-Along Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Background Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_