

TO BETTER SERVE YOU, THE APPLICANT, NAVARRE POLICE DEPARTMENT DOES REQUEST AND REQUIRE CERTAIN INFORMATION PRIOR TO YOUR RIDE-ALONG. PLEASE COMPLETE THE FOLLOWING QUESTIONS AND RETURN TO THE SENDING OFFICER BEFORE YOUR RIDE-ALONG DATE.

1. FULL NAME:

2. DATE OF BIRTH:

3. DRIVER'S LICENSE NUMBER:

PHONE NUMBER:

4. ADDRESS:

5. EMAIL:

6. EMERGENCY CONTACT NAME:

7. EMERGENCY CONTACT PHONE NUMBER:

8. DO YOU HAVE SOCIAL MEDIA INCLUDING BUT NOT LIMITED TO FACEBOOK, INSTAGRAM? Y / N

9. IF SO WHAT?:

10. DO YOU HAVE A CRIMINAL RECORD? Y / N

11. IF SO, WHAT CHARGES HAVE YOU BEEN CHARGED WITH?:

12. WHAT IS YOUR REASONING FOR YOUR RIDE-ALONG?:

13. WHAT DATES ARE YOU REQUESTING TO RIDE-ALONG?

MY SIGNATURE VERIFIES THAT I, THE APPLICANT, PERMIT THE NAVARRE POLICE DEPARTMENT TO VERIFY THE AFOREMENTIONED RELEASE OF PERSONAL IDENTIFIERS, INCLUDING BUT NOT LIMITED TO: DRIVER'S LICENSE STATUS, WANTS OR WARRANTS, PROTECTION ORDERS, OFFICER SAFETY INFORMATION, PROBATION AND/OR PAROLE STATUS OR ANY OTHER INFORMATION DEEMED PERTINENT BY THE CHIEF OF POLICE.

X

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NAVARRE POLICE DEPARTMENT

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Date: _____

I do hereby release the Village of Navarre, Chief of Police, the Navarre Police Department and/or all of the officers of the Navarre Police Department from any civil liability from any injuries or damage done to myself or my property while I am riding as an observer with the Navarre Police Department or functioning with said department in any capacity. I understand that during my time with the agency that I may come in contact with sensitive and confidential information and agree not to disseminate any information observed. I further state that I understand the Navarre Police Department operates in areas that could place me in physical danger.

Citizen Name Printed

Citizen Signature

Witness

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