

GREENLAND POLICE DEPARTMENT

APPLICANT INFORMATION

(use TAB key to move through the fields)

Full Legal Name _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Date of Birth _____ Social Security# _____
Place of Birth _____

REFERENCES

List 3 persons who know you well enough to provide current information about you.

Name _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Relationship (friend, neighbor, etc) _____ Years Known _____

Name _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Relationship (friend, neighbor, etc) _____ Years Known _____

Name _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Relationship (friend, neighbor, etc) _____ Years Known _____

Name _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Relationship (friend, neighbor, etc) _____ Years Known _____

Employer's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Workne: _____ Supervisor's Name _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERES TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFULL MISREPRESENTATIONS, OMMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTIONS OR TERMINATION IN PARTICIPATION WITH THE RIDE ALONG PROGRAM, INTERNSHIP OR ANY OTHER SIMILAR PROGRAM BY THE GREENLAND POLICE DEPARTMENT

Signature

Date Signed

GREENLAND POLICE DEPARTMENT

Confidentiality Agreement Non Disclosure of Confidential Information and Waiver of Liability

_____ Name	_____ Date of Birth
_____ Street Address	_____ City, State, Zip Code
_____ Home Phone Number	_____ Cell Phone Number

- I. As evidenced by my signature below, I agree not to discuss or disclose any person's personal information observed or heard while participating in the Police Ride Along Program, Internship or any other similar program by the Greenland Police Department. This confidentiality and non-disclosure agreement includes, but is not limited to: criminal histories, motor vehicle information, or any gained from an ongoing or past police investigation.
- II. Any breach of confidentiality or disclosure of any such information is a misdemeanor and by signing this document, I state I am fully aware of this fact and will be subject to criminal prosecution as well as possible civil liability for any such breach. I am also aware that Federal as well as State Statutes governing the privacy of an individual's records will also be violated by such breach or disclosure.
- III. I, binding my heirs, executors, administrators and assigns, do hereby release and agree not to hold liable the Town of Greenland, its officers, agents, and employees, for any and all actions, causes of actions, claims, demands, costs for damages, both foreseen and unforeseen, arising from or resulting from property damage, personal injuries or death sustained by me or my property or any of my heirs or assigns as a result of my participation in the Police Ride Along Program, Internship or any other similar program by the Greenland Police Department, whether caused by negligence or an intentional act.
- IV. I understand that my participation in this program may include riding in a police vehicle with a police officer who will be responding to police calls for service and performing other police duties. I hereby agree to obey the instructions of any police officer regarding matters of affecting official police business. I know that, as an inherent incident of my participation in this program, I may be placed in unpredictable situations, both foreseeable and unforeseeable, which may be dangerous and could lead to serious bodily injury or death, and that there is no duty on the part of the Town nor any of its officers or employees to protect me from said danger.
- V. I understand that my participation in the in the Police Ride Along Program, Internship or any other similar program by the Greenland Police Department may be terminated at any time by the Greenland Police Department for any or no reason at all.
- VI. I state I have carefully read this Release, know its contents, accept the conditions stated herein and sign my name as a free and voluntary act.

CAUTION: This is a complete release of all rights. Read carefully before signing.

_____ Signature	_____ Date Signed
_____ Witness	_____ Printed name of Witness

This **WAIVER** must be approved by the Chief of Police.

Permission for Participation: APPROVED DENIED

Chief of Police

GREENLAND POLICE DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

I request and authorize the release of any information that the Greenland Police Department may request from every person firm, company, corporation, partnership, governmental agency, court, association having control over of any documents, records, reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies, of such documents, records, reports or other information to the Greenland Police Department or any of its agents or representatives.

I hereby release, exonerate and discharge the Greenland Police Department, its agents and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other written information to the Greenland Police Department or its agents or representatives.

I also understand and agree that all information received by the Greenland Police Department in connection with this application and background information is confidential and shall not be disclosed to me.

I hereby acknowledge that a facsimile (FAX) or copy by any other method, of this document may be used and is as valid as the original copy.

This release will expire 120 days after the date signed.

Signature

Date Signed

Witness

Printed name of Witness

GREENLAND POLICE DEPARTMENT

Officer Ride-Along Report

Date of Ride _____ Time of Ride: _____
Officer _____ Name of Rider: _____

Any Comments or Problems:

If this person requests ride-along again, should it be granted? yes no

If no, please explain:

Officer's Signature

GREENLAND POLICE DEPARTMENT

Observer's Comments

To the Observer:

The department hopes your ride-along has been informative and enlightening and has given you an insight into the problems facing law enforcement, your police officers, and your community. I welcome any comments, positive or negative, that you care to make.

Sincerely,

Chief of Police

Observer's ride Along Comments:

Name of Rider _____

1. What impressed you most?

--

2. In what way did this experience affect your attitude?

--

3. Relate any suggestions for, or criticisms of the program.

--

(Observer's Signature)