# RIDE-ALONG APPLICATION

 Please complete and return in person to:

 Pewaukee Police Department

 235 Hickory St

 Pewaukee, WI 53072

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| **SECTION 1: RIDE-ALONG APPLICANT INFORMATION** |
| LAST NAME | FIRST NAME | M.I. |
| ADDRESS | CITY | STATE | ZIP |
| HOME PHONE | WORK PHONE | CELL PHONE |
| EMAIL ADDRESS |
| DATE OF BIRTH | SEX | RACE |
| BRIEFLY EXPLAIN YOUR INTEREST IN THE RIDE-ALONG PROGRAM |
| DO YOU ANTICIPATE APPLYING FOR THE POSITION OF POLICE OFFICER WITH OUR DEPARTMENT IN THE FUTURE?Yes - In the current hiring process Yes - In the next 1-2 yearsNo Yes - I am at least 3 years from applying |
| DAYS PREFERRED: |
| SHIFT PREFERRED:7am-3pm 3pm-11pm 11pm-7am Boat Patrol  |
| **SECTION 2: WAIVER OF LIABILITY** |
| In consideration of being permitted to ride in a vehicle owned and operated by the Village of Pewaukee, or to accompany employees of the Pewaukee Police Department on any call, I understand that I will be required to sign a RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT.Signature: Date: Parent/Guardian Signature (required if under 18):  |
| **SECTION 3: TO BE COMPLETED BY DEPARTMENT PERSONNEL** |
| DATE RECEIVED | ASSIGNMENT MADE BYSgt / L.T Other:  | DATE ASSIGNED  |
| RECORDS CHECK COMPLETED?Yes No | IN-HOUSE | DRIVING RECORD | CIB | FBI III | CCAP |
| ASSIGNED OFFICER | SHIFT | DATE | HOURS |
| ADDITIONAL COMMENTS: |
| **SECTION 4: HOSTING OFFICER INFORMATION** |
| DATE/TIME OF RIDE-ALONG | HOSTING OFFICER SIGNATURE | SUPERVISOR APPROVAL |
| OFFICER OBSERVATIONS/COMMENTS |

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , in consideration of the Village of Pewaukee providing me with orientation at the Police Station and with the opportunity of riding in Police Department squad cars and observing, agree to indemnify and save harmless the Village of Pewaukee from and against all claims, suits, damages, actions, causes of action or losses in any manner resulting from, arising out of, or in connection with my participation, association, work or study with the Village of Pewaukee Police Department.

I hereby empower an employee of the Village of Pewaukee Police Department or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

* Municipal, State or Federal Law Enforcement Agencies
* Any Law enforcement or Jail Officer
* Any school, college university or other education institution
* Present employer or previous employer
* Wisconsin Department of Transportation
* Wisconsin Circuit Court Records

I further understand and agree that I am not under unemployment nor workers compensation insurance coverage, nor hospitalization or disability coverage with the Village of Pewaukee since I shall not be acting as an employee of the Village of Pewaukee, but rather as a student/private citizen/relative/friend/Explorer or Reserve with no powers other than any other citizen holds.

Dated this\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_\_ .

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_