



GREEN COVE SPRINGS POLICE

1001 Idlewild Ave., Green Cove Springs, FL 32043 • 904-297-7300 • www.GCSPD.com

Civilian Ride-Along Application Form

(Form must be completed in its entirety)

Date: _____

Full Name: _____ DOB: _____ Age: _____
Race: _____ Sex: _____ Height: _____ Weight: _____
Address: _____ City/State: _____ Zip: _____
Telephone: (_____) _____ Other: (_____) _____
Email Address: _____ D.L. State and #: _____
Person to be contacted in case of emergency:
Name: _____ Relationship: _____
Address: _____ City/State: _____ Zip: _____
Telephone: (_____) _____

Are you a student: Yes ☐ No ☐ If so, Name of School: _____
Are you a certified police officer Yes ☐ No ☐ If so, what agency and State: _____
Are you Armed? Yes ☐ No ☐
Name of Employer: _____ Occupation: _____
Employer's Address: _____ Telephone: (_____) _____

State your reason(s) for requesting to participate in the Ride-Along Program:

(Official Use Only)

Criminal History: Date _____ Attached: Yes ☐ No ☐ If not, why _____
Communications Operator: _____ I.D. #: _____

Commander's Approval: Yes ☐ No ☐ Comments: _____
Signature/I.D. #: _____ Date: _____

CJIS Training Completion Date: _____
Communications Operator: _____ I.D. #: _____

Riding Assignment: Date: _____ Time: _____ Time Applicant Ended Ride: _____
Shift Supervisor Notified: Date _____ Time: _____

GREEN COVE SPRINGS POLICE DEPARTMENT
GENERAL RELEASE FORM

KNOW ALL MEN BY THESE PRESENT, That _____ does hereby quit claim remise, release, and discharge, and by these present does forever remise, release, acquit, satisfy and discharge the **Green Cove Springs Police Department** and the **City of Green Cove Springs**, of and from any and all manner of action and actions, cause and causes of action or lawsuits, which in the future may arise as a result of any conceivable injury which he/she might sustain resulting from any vehicle of the **Green Cove Springs Police Department**, or any actions taken by any member of the **Green Cove Springs Police Department** while a guest or a passenger of any vehicle or involvement in any incident.

Furthermore, I understand and intend to comply with the policies, procedures, and general orders issued by Chief of Police or his designee, whether written or verbal. I understand that willful refusal to obey any policy, procedure, or general order whether written or oral will disqualify me from participation in this program now and in the future.

Signature

Witness

Witness

Sworn to and subscribed before me this _____ day of _____ A.D., 20____.

Notary Public, State of Florida at Large