



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