



# Lenoir Police Department

1035 West Avenue NW  
Lenoir, North Carolina 28645  
(828) 757-2121 • Fax (828) 757-2103



## Ride Along Request

Name (First, Middle Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
 Place of Employment/School: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Occupation Title: \_\_\_\_\_ Email: \_\_\_\_\_

Currently Enrolled in BLET?  Yes  No School: \_\_\_\_\_  
 A Criminal Justice student?  Yes  No School: \_\_\_\_\_  
 Currently a Sworn Officer?  Yes  No Agency: \_\_\_\_\_  
 A Police Explorer or Intern?  Yes  No Agency: \_\_\_\_\_  
 A graduate of LPD Citizens/K-9 Police Academy?  Yes  No Date: \_\_\_\_\_  
 An active applicant for employment with this agency?  Yes  No Date Applied: \_\_\_\_\_  
 Involved in a personal relationship with a LPD employee?  Yes  No Employee: \_\_\_\_\_  
 Under what other circumstances do you make this request?  
 \_\_\_\_\_

I do hereby release the City of Lenoir and the Lenoir Police Department, Chief of Police, and any Official with the City of Lenoir and the Lenoir Police Department from any liability that may arise as a result of my association with any police activities while riding and observing the police activities in any city owned vehicle.

I understand that the risk of serious physical injury or death is inherent in the daily function of police activities due to the daily operation of patrol vehicles, (especially in emergency of response situations), response to violent crime scenes, civil disturbances and domestic disputes along with any and all other calls for service that may arise during the time that I am riding and observing the activities of the Lenoir Police Department.

I understand that I am to observe police activities and not take any active role in performing any police functions unless under an extreme emergency situation, and only then at the request of a Police Officer. I understand that for the safety of all parties, I am not allowed to ride along with any Police Officer with whom I have a personal relationship, i.e. relative, spouse, fiancée, dating, etc., unless that Officer has at least one year of experience in his/her current assignment. I further understand the importance of dressing appropriately while participating in a ride along, and will refrain from wearing shorts, sleeveless shirts, or clothing representative of any criminal gang, anti-government organization, political agenda, illegal activity, etc.

I understand that if I am allowed to ride along, my waiver will be valid for up to one year and I may not ride more than once in a 30-day period, unless approved by the Division Commander. I further understand that if I am under the age of 18, I must have permission from my parent/guardian and will not be allowed to ride beyond 10:00 PM on school nights or beyond midnight otherwise.

Signature of Requesting Person: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name of Parent/Guardian: \_\_\_\_\_

**Authorization**

Approved  Denied Conditions:  Under 18  Other: \_\_\_\_\_ Expires: \_\_\_\_\_

Patrol/Support Services Commander: \_\_\_\_\_ Date: \_\_\_\_\_  
 Notified Via:  Phone  Email  Mail Initials: \_\_\_\_\_ Date: \_\_\_\_\_