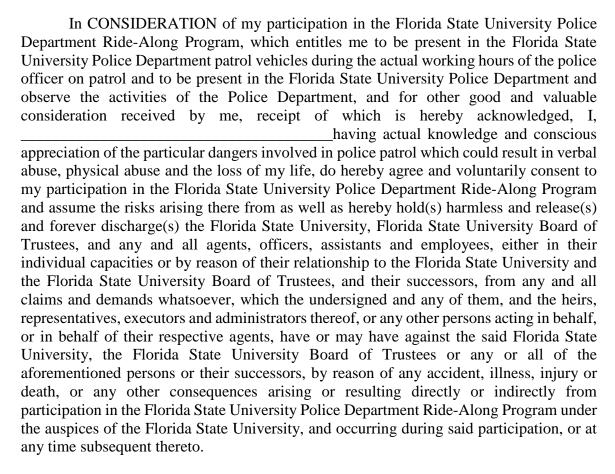


RIDE ALONG PROGRAM BACKGROUND INVESTIGATION REQUEST FORM

Last Name	First Name	Mi	Middle Name	
Date Of Birth	Social Security #	Race	Sex	
Place of Birth-City	State	E-mail Address		
Driver License #	State	()_ Phone Number		
Local Address/Apt. #				
City, State, Zip Code and	l County			
Home Address/Apt.#				
City, State, Zip Code and	l County			
Applicants Signature		Date		
STATE OF FLORIDA COUNTY OF LEON	<u>AFFIDAVI</u>	<u>T</u>		
BEFORE ME PERSONALLY A HE/SHE EXECUTED THE ABO FULL KNOWLEDGE OF THE I	OVE INSTRUMENT OF HIS/HI		WHO SAYS THAT D ACCORD, WITH	
SWORN TO AND SUBSCRIBE	D BEFORE ME THIS	DAY OF	,20	
N. D.H.	_	_		
Notary Public Approved	Not approve	ed Date:		
Name/ID:	Signature	e•		



RIDE-ALONG PROGRAM STATEMENT OF VOLUNTARY CONSENT GENERAL RELEASE AND WAIVER LIABILITY FORM



I, AGREE and HEREBY, further declare and represent that I am on notice, this being evidence and acknowledgement thereof, that neither the Florida State University nor the Florida State University Board of Trustees has medical insurance that covers me. The Florida State University and the Florida State University Board of Trustees have strongly recommended to me that I obtain medical insurance prior to participating in the Florida State University Police Department Ride-Along Program.

- 1) I acknowledge and understand that by participating in this program I am exposing myself to all risks normally associated with police activity and I expressly assume such risks.
- 2) understand that while participating in this program I will be assigned to one or more police officers and I agree that I will, at all times, follow the instructions and obey all commands, without question, issued by the officers or by superior officers.



- 3) I further understand that I am responsible for conducting myself in the following manner:
 - a. I shall, at all times, be clean and neatly dressed. Where questions arise pertaining to suitability of attire, the final decision will be made by the Shift Commander.
 - b. I shall not carry or possess weapons of any kind while participating as an observer in the Ride-Along Program.
- 4) I hereby acknowledge, understand, and consent for a criminal background investigation to be conducted by the Florida State University Police Department. Any and all unfavorable formation obtained could result in me being denied participation in the Florida State University Police Department Ride-Along-Program.

FINALLY, I HEREBY declare and represent that in making, executing and tendering this Statement of Voluntary Consent, General Release and Waiver of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstance involved in my participation in the Florida State University Police Department Ride-Along Program and that I have read this statement, understood its contents, and execute it of my own free will and choice.



The following information is to be completed by the *Ride-Along Program* participant and signed by the duty Patrol Shift Supervisor

Participant's Name:		
Address:	Local Phone #	
Date of Ride-Along:		
Ride Along Officers Name:		
The following is reserved for any comn	nents or suggestions you may h	ave about our
Ride-Along Program.		
Thank you for participating in the Fl	orida State University Police	Department's
Ride-Along Program!	orium state carrersity i once	
Participant's Signature:		
Patrol Shift Supervisor Signature		ID#