BIDDEFORD POLICE DEPARTMENT

39 ALFRED STREET, BIDDEFORD, MAINE 04005

COURAGE • HONOR • INTEGRITY

JOANNE W. FISK
Chief of Police

(207) 282-5127
biddefordmaine.org/police

RIDE-ALONG PROGRAM APPLICATION

YOUR NAME (LAST, FIRST, MIDDLE/BUSINESS NAME)		HGT	WGT	HAIR	EYES	RACE	SEX
STREET ADDRESS, CITY, STATE	ZIP CODE	AGE	DATE OF BIRTH		SS #		
EMPLOYER/SCHOOL NAME	HOME PHONE	DRIVER'S LICENSE NUMBER			STATE		
EMPLOYER ADDRESS, CITY, STATE, ZIP	BUSINESS PHONE	EMAIL ADDRESS OR OTHER CONTACT					

- Have you ever been convicted for a misdemeanor or felony crime? Yes ☐ No ☐
- Are you under investigation by any law enforcement agency? Yes ☐ No ☐
- Is there a charging instrument currently against you by the state or federal government which is punishable by imprisonment? Yes ☐ No ☐
- Have you filed a civil lawsuit against any municipal, county, state, or federal government entity or governmental employee? Yes ☐ No ☐
- Do you have any unpaid fines, fees, tickets, or citations? Yes ☐ No ☐
- Are you delinquent in payment of court mandated child support? Yes ☐ No ☐
- Are you an unlawful user of drugs? Yes ☐ No ☐
- Are you a Maine Criminal Justice Academy certified police officer? Yes ☐ No ☐
- If yes, do you intend to carry a firearm or weapon during the ride-along? Yes ☐ No ☐

I, _____, wish to participate in the ride-along program because:

_____

_____

_____

If you wish to ride with a specific officer or on a specific date, enter the information:

_____ Officer's Name

_____ Shift and Day of the Week Preference

_____ Applicant's Signature (or typed name)

_____ Date of Application

Reviewed by Recruiting Manager ☐

☐ Approved ☐ Denied

(If Necessary)

☐ Approved ☐ Denied

_____ Support Services/Patrol Commander

_____ Chief of Police

Applicants must be given a copy of WD 01-13 (Ride-Along Program) with this application.
Approved applicants must also complete the Ride-Along Agreement.

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Interim Chief of Police

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RIDE-ALONG PARTICIPANT AGREEMENT

I, _____, have made a voluntary request to participate in the Biddeford Police Department (BPD) Ride-Along Program. In consideration of the BPD's permission for me to ride in a police vehicle and accompany a host police officer I hereby declare and agree as follows:

1. I am at least eighteen years of age.
2. I have completely read and understand the WD 01-13 BPD Ride-Along Program Standard Operating Procedure and agree to abide by its rules and regulations.
3. I freely and voluntarily and with such knowledge assume the risk of personal injury, death, loss or property damage which may arise from, or is in any way connected with the use of weapons, law violators, assault, riot, breech of peace, fire, explosion, gas, electrocution, or the escape of radioactive substances while accompanying the BPD during the performance of its official duties.
4. I release, waive and discharge the City of Biddeford, and its officers, employees, members or agents, and the BPD and its officers, employees, members or agents, and each of them, from responsibility or liability for any and all loss, claim or action that may arise due to personal injury, death, loss or property damage, which I have, or which may accrue, as a result of riding in any vehicle assigned to the BPD or while accompanying the Department during the performance of its official duties and resulting from any negligent act or omission on the part of any member of the BPD.
5. I understand all information contained in any database, report, audio recording, or other record of the BPD is confidential. Names, addresses, and/or telephone numbers listed in BPD databases, as well as personally identifying information learned during the ride-along is confidential and may not be disclosed in any manner.
6. I, my heirs, executors, administrators and assigns agree to defend and indemnify the City, and its officers, employees, members or agents, and the BPD and its officers, employees, members or agents, and each of them, against any and all manner of actions, suits, debts, claims, demands, or damages or liability or expense, actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the BPD or while accompanying the Department in the performance of its official duties;
7. I understand that under certain circumstances and conditions, I may not be guaranteed a return trip back to the BPD.

This Agreement is intended, to the extent permitted by law, to release and discharge in advance the City, its officers, agents and employees, and the BPD, its officers, agents, members and employees from any and all liability relating to my voluntary ride in a vehicle assigned to the BPD or while accompanying the Department during the performance of its official duties. This Agreement is signed freely with full knowledge of the risks and dangers incident thereto.

_____

PRINTED NAME OF PARTICIPANT

_____ _____

SIGNATURE OF PARTICIPANT DATE

Please refer to WD 01-13 Ride-Along Program Standard Operating Procedure