

## Jackson Police Department

## Application To Ride



Name of Applicant:		Date Riding:
Address:		Telephone:
Birthdate:	Age:	Social Security Number
Employer/School:		Telephone:
Employer/School Addre	ess:	
	RELEASE AN	<u>D INDEMNIFICATION</u>
employee. I clearly under the commands of the office	rstand and agree that at all ti cer, or other employee. At n	i, police vehicle with a Jackson Police Officer or other mes I will remain within the police vehicle and follow to time will I attempt to interject or introduce myself ther employee, in the actual performance of his/her
a Jackson Police Officer, RELEASE, DISCHARGI AND THE JACKSON PO to me, my employer, my lof all loss and damage to	or other employee, in the ac E, INDEMNIFY, AND SAV OLICE DEPARTMENT AN heirs, assigns, executors, and my person or property, whet of a Jackson Police Officer	n a vehicle of the City of Jackson and accompanying tual performance of his/her duties, I DO HEREBY TE HARMLESS THE CITY OF JACKSON, MISSOURI ID ITS OFFICERS AND EMPLOYEES from all liability I personal representatives NOW AND FOREVER ther by negligence or otherwise, during such time that or other employee while said person is officially
hereby authorize the Ja moral and criminal back	•	to conduct a background investigation into my
Witness my hand the Application to Ride and	Release and Indemnification	ay of, 20 to the foregoing tion.
Witness Signatu	ure of Applicantg	Signature of Applicant
		Signature of Applicant
FOR OFFICE	USE ONLY	Parent of Legal Guardian (if applicant is under 21)
Approved		(if applicant is under 21)
Disapproved		SEMO Criminal Justice
		Ride-A-Long Program
Application Expires		Other Law Enforcement
		Name of Agency
		Other, explain
Patrol Co	ommander	
Captain of C	Operations	
<b>r</b>	•	Officer Signature
		Officer Signature
Chief of	? Dolino	Officer Signature