Fort Oglethorpe Police Department

Chief Keith Sewell ▪ 900 City Hall Drive Ft. Oglethorpe, GA 30742 ▪ 706.866.2512

FORT OGLETHORPE POLICE DEPARTMENT
RIDE-ALONG APPLICATION

1. Full Name: _____

2. Street Address (Not P.O. Box): _____

   City: _____ State: _____ Zip Code: _____

3. Date of Birth: _____ Age: _____

4. Telephone Number: Home: _____ Cell: _____

5. Email Address: _____

6. Place of Employment: _____

7. Reason for Ride-Along (check the box that applies)

   ☐ College Student/Intern ☐ Observer ☐ Citizens Police Academy ☐ News Media

8. Have you <u>ever</u> been arrested? If yes, list what for, arresting agency, year, and disposition.

_____

_____

9. Emergency Contact Information

   Name: _____

   Telephone Number: _____

*<u>*Photocopy of the Applicant's driver's license must be attached to this application</u>.*

Official Use Only

Ride-Along ☐ *Approved* ☐ *Denied* *By whom:* _____

If denied, provide the reason: _____

Date/Time of schedule Ride-along: _____

Officer applicant is assigned to ride with: _____

KS 4/2023

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FORT OGLETHORPE POLICE DEPARTMENT
RIDE-ALONG RELEASE OF LIABILITY

I, the undersigned, in consideration of requesting and being allowed to participate in the ride-along program with the Fort Oglethorpe Police Department, do hereby release, remise, and forever discharge and exonerate the City of Fort Oglethorpe, the City of Fort Oglethorpe Mayor, City Manager, and Council Members, the City of Fort Oglethorpe Chief of Police, any officers, or other employees of the City of Fort Oglethorpe, from any and all actions and all actions or causes of actions, claims or demands which my family or I have now or may ever have resulting directly, indirectly or remotely from any injury I receive or may receive while participating in the ride-along program with the Fort Oglethorpe Police Department. I agree to follow all rules and regulations of the ride-along program. I understand that by participating in a ride-along with the Fort Oglethorpe Police Department, in no way, am I a peace officer of the State of Georgia nor, will I act as such. By signing this agreement, I bind my heir, my executors, administrators, and myself to the terms and conditions of this release.

_____ _____
Signature Date of Birth/Age

_____ _____
Full Name (Printed) Telephone Number

_____
Address (Physical Address, City, State, Zip Code

Sworn to me this _____ day of _____ 20_____

Notary Public _____ My commission expires _____
Signature of Notary

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FORT OGLETHORPE POLICE DEPARTMENT
RIDE-ALONG TERMS, RULES, AND REGULATIONS

It is imperative that the participant act in a safe and responsible manner during the course of the ride-along. Any supervisor, at their discretion, can terminate the ride-along at any time for any reason or appearance.

1. Must have successfully completed the background/application process.
2. Prohibited from carrying or possessing any weapon(s) during the ride-along.
3. Must remain inside the patrol vehicle upon response to any call for service, except at the discretion of the officer or supervisor.
4. Prohibited from entering private residences or other locations where there is a reasonable expectation of privacy.
5. Individuals must not speak to victims, witnesses, prisoners, or other persons associated with a police event. Should a witness, prisoner, victim, or other person speak to the participant, the participant should politely direct the person to speak to one of the officers present.
6. Participants will not use cameras or any recording devices without the permission of the assigned officer. If the assigned officer is not sure, they shall consult their supervisor.
7. Individuals may not operate any police vehicle or any police equipment except during extreme emergencies.
8. Required to wear a seatbelt while riding in the city vehicle.
9. Use of tobacco or vapor products inside the city vehicle is prohibited.
10. All ride-along candidates must sign a GCIC Awareness Statement before riding with an officer.

By the affixed signature, I agree to abide by all the terms, rules, and regulations associated with the Fort Oglethorpe Police Department's ride-along program.

_____ _____

Signature Date/Time

_____ _____

Full Name (Printed) Telephone Number

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CRIMINAL HISTORY REQUEST

_____ _____ _____

(LAST NAME) *(FIRST NAME)* *(MIDDLE)*

DOB: _____ ***SSN:*** _____

RACE: _____ ***SEX:*** _____ ***OLN:*** _____ ***ST:*** _____

_____

(STREET ADDRESS)

_____

(CITY) *(STATE)* *(ZIP CODE)*

SIGNATURE OF PERSON: _____

NOTARIZED: _____ ***DATE:*** _____

(SEAL REQUIRED)

I HEREBY AUTHORIZE: THE FORT OGLETHORPE POLICE DEPARTMENT TO RECEIVE MY DRIVERS / CRIMINAL HISTORY RECORD.

PURPOSE CODE: _____

W—EMPLOYMENT WITH CHILDREN
N—EMPLOYMENT WITH ELDERLY
M-- WORKING WITH MENTALLY ILL
U—PERSONAL VIEW
E—GENERAL EMP. & APTS.
J—CRIMINAL JUSTICE EMP.
P—PUBLIC ACCESS
C—INTERNAL

REQUESTING OFFICER: _____

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Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

_____

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

_____

Signature Date

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

GEORGIA CRIME INFORMATION CENTER
AWARENESS STATEMENT

Access to Criminal Justice Information (CJI), as defined in Georgia Crime Information Center (GCIC) Council Rule 140-1-.02 (amended), and dissemination of such information is governed by state and federal laws and the Rules of the GCIC Council. CJI cannot be accessed or disseminated by any personnel except as directed by superiors and as authorized by approved standard operating procedures. These standard operating procedures are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information (CHRI) except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (Act), O.C.G.A. §16-9-90 et. seq., provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to $50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a $5,000.00 fine.

The Georgia Criminal Justice Information System (CJIS) Network is operated by the GCIC in compliance with O.C.G.A. §35-3-31. All databases accessible through CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below,
I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed: _____

Date: _____