

***New Hanover County Sheriff's Office
Ride-Along Request Form***

Date: _____ **Name: (Last):** _____ **(First):** _____ **(M.I.):** _____

Address: _____ **Phone #:** _____

DOB: _____ **SSN:** _____ **Drivers License #:** _____

School or Employer: _____

I _____ am requesting to be approved to Ride-Along with the New Hanover County Sheriff's Office as indicated below. I understand I must be 18 years of age. I realize that the career of a Law Enforcement Officer is often dangerous and unpredictable. Fully understanding this, I unconditionally release the New Hanover County Sheriff, Edward J. McMahon, his Deputies and/or agents; and the government of New Hanover County from any and all liabilities associated with my subsequent approval and participation as a Ride-Along with the New Hanover County Sheriff's Office.

Attire for the Ride-Along is business casual (no jeans) must be neat, clean and appropriate. Shirts must have collars, blouses and/or sweaters, slacks or khakis. No flip flops, open toe shoes or high heels.

I understand that I am not authorized to carry or possess firearms, weapons or drugs during the duration of the approved Ride-Along. I understand that I must remain in the county vehicle at all times unless directed by Law Enforcement Authority. Do not tamper with or handle any equipment in the county vehicle.

I understand that I must continue to obey all laws and follow the lawful instructions and directives issued by the approved Ride-Along Deputy or other member of the New Hanover County Sheriff's Office.

The Ride-Along is requested as follows:

Deputy for Ride-Along: _____

Relationship to Deputy: _____ **Friend** _____ **Family Member** _____ **Other:** _____

Reason for Ride-Along: _____

Date of Ride-Along: _____ **Shift of Ride-Along:** _____ **Day** _____ **Night**

Signature of Ride-Along Applicant: _____

Approved: _____ **Disapproved:** _____
Sgt/Cpl. Date

Approved: _____ **Disapproved:** _____
Lieutenant Patrol Division ADC Date

Approved: _____ **Disapproved:** _____
Captain Patrol Division Date

Deputy's Check List:

Attendance ____

Drugs/Weapons/Firearms ____

Attire ____

Cameras or Recording Devices ____

Picture ID ____

Remain in Vehicle ____

Medical Problems ____

Vehicle Equipment ____

Ride-Along Participant's Signature: _____ **Deputy's Signature:** _____

Please provide below information:

EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

What was most informative about the Ride-Along? _____

What did you like least about the Ride-Along? _____

Other comments, impressions or suggestions? _____

Thank you for your participation.