

GOLDSBORO POLICE DEPARTMENT

RIDE-ALONG PROGRAM

APPLICATION

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS: \_\_\_\_\_

STREET/ROUTE

CITY

STATE

ZIP

PHONE

EMPLOYER: \_\_\_\_\_

NAME

ADDRESS

PHONE

COLLEGE/UNIVERSITY: \_\_\_\_\_

REASON FOR FEQUEST: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR HEALTH PROBLEMS? \_\_\_ YES \_\_\_ NO

IF SO, WHAT? \_\_\_\_\_

ARE YOU UNDER A DOCTOR'S CARE? \_\_\_ YES \_\_\_ NO IF SO, WHAT?

ARE YOU TAKING ANY MEDICATION? \_\_\_ YES \_\_\_ NO IF SO, WHAT?

DATE AND TIME PREFERRED: DATE \_\_\_\_\_ TIMES \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED AND/OR CONVICTED OF ANY CRIME?

\_\_\_ YES \_\_\_ NO IF SO, WHAT? \_\_\_\_\_

I UNDERSTAND THAT BY SIGNING THIS APPLICATION, THE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I MAY BE REJECTED AS A CANDIDATE TO PARTICIPATE IN THE RIDE-ALONG PROGRAM OF THE GOLDSBORO POLICE DEPARTMENT IF ANY OF THE INFORMATION GIVEN IS FALSE, FICTITIOUS OR INCORRECT.

DATE: \_\_\_\_\_ PARTICIPANT'S SIGNATURE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR OFFICIAL USE ONLY

\_\_\_\_\_

\_\_\_\_\_

SHIFT ASSIGNMENT: \_\_\_\_\_

DATE AND TIME APPROVED FOR RIDING: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OPERATIONS BUREAU MAJOR

SIGNATURE: \_\_\_\_\_

SHIFT SUPERVISOR'S SIGNATURE

SIGNATURE: \_\_\_\_\_

ASSIGNED OFFICER'S SIGNATURE

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GOLDSBORO POLICE DEPARTMENT

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

WHEREAS, I, \_\_\_\_\_, have requested that I be allowed to ride as a passenger in the Police Department vehicles of the City of Goldsboro, North Carolina, and to accompany police officers of the City while engaged in the performance of their duties, to study and observe for my own benefit the functions and operations of the Goldsboro Police Department and its personnel; and

WHEREAS, the Police Department has explained to me some of the risks of accompanying an on-duty officer and has advised me that there is a risk of injury and death; and

WHEREAS, I desire to accompany Goldsboro Police officers at my own risk and I recognize the possible and inherent danger to my person and property; and

WHEREAS, the City of Goldsboro does not wish to be liable for any damages arising from injuries to me or my property;

NOW, THEREFORE, in consideration of the permission to accompany officers of the Goldsboro Police Department while engaged in the performance of their duties for myself, my spouse, heirs, executor or administrator, and personal representatives, I:

- a. Recognize and assume the risk for any personal injury to me or damage to my property which may occur, directly or indirectly, while riding in a police vehicle or accompanying any police officers of the City of Goldsboro while in the performance of their duties;
- b. Fully and forever release and discharge the City of Goldsboro, its agents and employees, from any and all claims, demands, damages, rights of actions, or causes of actions, present or future, resulting from or arising out of my accompanying any police officers of the City of Goldsboro while in the performance of their duties;
- c. Agree to indemnify and hold harmless the City of Goldsboro, its officers and employees, for any acts or conduct of mine of whatever kind or nature while accompanying any police officers while in the performance of their duties;
- d. Agree to defend and to pay any attorney fees as a result of any action brought by or against the City of Goldsboro, its officers or employees, for any wrongful acts or conduct of mine while accompanying any police officers in the performance of their duties;
- e. Agree to abide by any applicable rules of the Goldsboro Police Department and to follow any directions or requests from officers I am accompanying;
- f. Agree that this Assumption of Risk and Indemnity Agreement be in full force and effect upon execution;

g. Understand that I must obtain a supervisor's permission before I begin to ride with or accompany any police officers while engaged in the performance of their duties.

\_\_\_\_\_  
Name (Print or Type) Signature \_\_\_\_\_ (SEAL)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone Number

Dated at Goldsboro, North Carolina, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WITNESS:

\_\_\_\_\_  
Name Title \_\_\_\_\_

APPROVAL:

\_\_\_\_\_  
Supervisor's Signature Date Time \_\_\_\_\_

GOLDSBORO POLICE DEPARTMENT  
PARADE/PICKET APPLICATION

Pursuant to Ordinance No. 98.80, 98.81, and 98.82, adopted by the City of Goldsboro, no parade shall be conducted on the public ways of the City; and no person shall inaugurate, promote or participate in any such parade unless the parade is conducted in conformity with the requirements set out herein and unless a permit has been obtained from the Chief of Police or his designated representative *at least seventy-two (72) hours prior to the time the parade is scheduled.*

Pursuant to Ordinance No. 98.80, 98.81, and 98.82, adopted by the City of Goldsboro, no picketing shall be conducted on the public ways of the City; and no person shall participate in the same unless a permit has been obtained from the Chief of Police or his designated representative *at least twenty-four (24) hours prior to the time the picketing is scheduled to begin.*

The following information is necessary:

Date of Application: \_\_\_\_\_

1. Name of organization or group seeking permit \_\_\_\_\_
2. Purpose of parade or picket \_\_\_\_\_
3. Location(s) where picket or parade will occur \_\_\_\_\_
4. Date and hours for which permit is sought \_\_\_\_\_
5. Expiration time of permit \_\_\_\_\_
6. Number of persons participating \_\_\_\_\_
  - a. Are persons below the age of 18 participating? \_\_\_\_\_
  - b. If yes, how many? \_\_\_\_\_
7. Number and type of vehicles participating \_\_\_\_\_
8.
  - A. Assembly area \_\_\_\_\_
  - B. Disassembly area \_\_\_\_\_
  - C. Has permission been granted for use of A. and/or B. above? \_\_\_\_\_
9. Name of person applying for the permit \_\_\_\_\_
10. Person in charge of activity who will accompany it and carry permit at all times (Name and Address) \_\_\_\_\_
11. Other members of parade or picket committee \_\_\_\_\_
12. Other groups or organizations participating \_\_\_\_\_
13. Remarks \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Street Address                      City                      State                      Telephone Number

IF APPLICATION IS APPROVED, A PERMIT WILL BE ISSUED, WHICH MUST ALSO BE SIGNED BY THE APPLICANT ACKNOWLEDGING UNDERSTANDING AND AGREEMENT TO ABIDE BY THE REQUIREMENTS OF THE ATTACHED ORDINANCES.