

Please complete this section of the application and mail to:

Madison Police Department
 Attn: Public Relations Officer
 211 S. Carroll St..
 Madison, WI 53703-3303

Section 1~ Ride-Along Applicant Information

Last Name		First Name		M.I.	
Address			City		State Zip
Home Phone	Work Phone	Date of Birth	Sex	Race	
Cell Phone			State		
Briefly explain your interest in the ride-along program:					
Do you anticipate applying for the position of police officer with our department in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Days Preferred:	Shift Preferred <input type="checkbox"/> 7am-3pm <input type="checkbox"/> 3pm-11pm <input type="checkbox"/> 8pm-4am <input type="checkbox"/> 11pm-7am				

Section 2~ Waiver of Liability

In consideration of being permitted to ride in a vehicle owned and operated by the City of Madison, or to accompany employees of the Madison Police Department on any call, I hereby waive and release the City of Madison, its agents, employees, personnel representatives and assigns from any and all claims for all damages resulting to myself as a consequence of being transported or being in such vehicle or in the company of such officer and do further covenant and agree to indemnify the City of Madison, its agents, employees, personal representatives and assigns and save each of them harmless against any and all (compensation) claims which may be made or brought against them as a consequence of the said activity.

Date: _____ Signature: _____

Parent/Guardian Signature (required if under 18) _____

Section 3~To Be Completed by Department Personnel

Date Received		Assignment made by: <input type="checkbox"/> P.I.O <input type="checkbox"/> Other:		Date Sent to District	
Records Check Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	In-House <input type="checkbox"/>	Driving Record <input type="checkbox"/>	CIB <input type="checkbox"/>	FBI III <input type="checkbox"/>	CCAP <input type="checkbox"/>
Assigned Officer/District		Shift	Date	Hours	
Additional Comments					

Section 4~ Hosting Officer Information

Date/Time of Ride-Along	Hosting Officer Signature	Supervisor Approval
Officer Observations/Comments		