



**City of White Police Department
29 W. Rocky Street White Ga, 30184
Phone (770)382-9383 Fax (770) 382-2242**

GUIDELINES OF RIDE-ALONG PROGRAM

1. Applicants must be 18 years of age.
2. Applicants must have no felony or narcotics convictions and must be free of any misdemeanor convictions which are considered unacceptable by The City of White Police Department.
3. The applicant must complete and sign a criminal history authorization form.
4. The applicant must complete and sign this ride along request application.
5. The applicant must complete a waiver of liability form, sign the form in the presence of a notary and have the form notarized.
6. No participant will act as a police official in any manner.
7. While participating in the ride-along, no participant is allowed entry into a residence or any other location where a reasonable expectation of privacy exists.
8. No weapons such as firearms, batons, O.C. spray, etc. will be carried by a ride-along participant including representatives from other law enforcement agencies.
9. Audio and Video recordings will not be allowed during the ride-along. No cameras or recording devices will be carried by a ride-along participant.
10. Ride-along participants must be dressed in appropriate business casual attire (no shorts, sandals etc.). Participants wearing inappropriate attire will not be allowed to participate that day.

By signing below I acknowledge the rules listed above and promise that I will abide by them when participating in this program. I realize that my failure to follow any of the aforementioned rules, or providing false or misleading information on this or any other City of White Police Department form will result in the immediate cancellation of my present and future privilege to participate in this program.

Participant's Signature

Date

Christopher H. Barnes
Chief of Police



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CONSENT FORM

I hereby authorize The City of White Police Department to receive any Georgia criminal history record information to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name: _____

 Last First Middle (Maiden)

Address City State Zip Code

Sex Race Date of Birth Place of Birth

Social Security Number Driver's License Number Driver License State

Signature

Date

Christopher H. Barnes
Chief of Police