

**MTSU POLICE DEPARTMENT
RIDE-ALONG PROGRAM
APPLICATION**



SECTION I: RIDE-ALONG APPLICANT INFORMATION				
LAST NAME		FIRST NAME		M.I.
ADDRESS		CITY	STATE	ZIP
HOME PHONE	WORK PHONE		CELL PHONE	
EMAIL ADDRESS				
DATE OF BIRTH	SEX		DRIVER'S LICENSE NUMBER	
OCCUPATION / EMPLOYER / SCHOOL				
EMERGENCY CONTACT / RELATIONSHIP				
BRIEFLY EXPLAIN YOUR INTEREST IN THE RIDE-ALONG PROGRAM				
DO YOU ANTICIPATE APPLYING FOR A POSITION WITH OUR DEPARTMENT IN THE FUTURE?				
<input type="checkbox"/> Yes – In the current hiring process		<input type="checkbox"/> Yes – In the next 1-2 years		
<input type="checkbox"/> No		<input type="checkbox"/> Yes – I am at least 3 years from applying		
DAYS PREFERRED				
SHIFT PREFERRED				
<input type="checkbox"/> 7:00am – 3:00pm		<input type="checkbox"/> 3:00pm – 11:00pm		<input type="checkbox"/> 11:00pm – 7:00am
SECTION II: WAIVER OF LIABILITY				
<p>In consideration of being permitted to participate in the Middle Tennessee State University (“MTSU”) Police Department Ride-Along Program, which provides me with an opportunity to observe operations and functions of the Department firsthand by accompanying officers of the MTSU Police Department during a shift (“ride-along”), I understand that I will be required to sign a <i>RELEASE, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT</i>.</p>				
Signature: _____			Date: _____	
SECTION III: TO BE COMPLETED BY DEPARTMENT PERSONNEL				
DATE RECEIVED		ASSIGNMENT MADE BY		DATE SENT TO COMMUNICATIONS
RECORDS CHECK COMPLETED?		IN-HOUSE		DRIVING RECORD
<input type="checkbox"/> Yes <input type="checkbox"/> No				
OFFICER ASSIGNED		SHIFT	HOURS	DATE
ADDITIONAL COMMENTS				
SECTION IV: HOSTING OFFICER INFORMATION				
DATE / TIME OF RIDE-ALONG		HOSTING OFFICER SIGNATURE		SUPERVISOR SIGNATURE
OFFICER OBSERVATIONS / COMMENTS				