

SANFORD POLICE DEPARTMENT



CIVILIAN OBSERVER (RIDE-ALONG) APPLICATION

Observer Information

LAST	FIRST	M.I.
DATE OF BIRTH	SOCIAL SECURITY NUMBER	
STREET ADDRESS		APARTMENT / UNIT #
CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL	

By voluntarily reporting to the Sanford, Maine Police Department, and by signing and submitting this application, the applicant agrees to fulfill all requirements deemed necessary by the Chief of Police. This includes, but is not limited to submitting the Civilian Observer Application form and the Standard General Waiver Release form. Being forthright on this application is paramount to the safety of the community, the members of the Sanford Police Department, and the applicant. Therefore, the discovery that the applicant failed to truthfully fill out this application is, in and of itself, reason to deny the application

- 1. Have you ever been convicted of a crime? YES NO
- 2. Have you previously been arrested? YES NO
- 3. Do you have medical conditions that may affect you this during program? YES NO
- 4. Are you under 18 years of age? YES NO

If you answered YES to questions 1, 2, or 3, please explain:

Please explain your interest in the Civilian Observer Program:

By signing and submitting this application, you grant the Sanford Police Department permission to perform a thorough background check on you, the applicant. Failure to truthfully disclose any information is reason to deny permission to participate in the Civilian Observer Program. A background check will consist of, but is not limited to, Sanford Police Department records, police department records from other jurisdictions, state driver inquiry, and State Bureau of Identification check.

I attest to the fact that all of the information provided in this application is true and complete.

Applicant Signature	Date
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SBI <input type="checkbox"/>	IMC BASE <input type="checkbox"/>	IMC X-AGENCY <input type="checkbox"/>	DQHA <input type="checkbox"/>

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STANDARD GENERAL WAIVER RELEASE FORM

I, _____, good and valuable consideration, hereby and forever discharge and by these presents do for my heirs, executors, and administrators, remise, release and forever discharge the City of Sanford, its staff, their heirs and executors, successors, and administrators, of and from all manner of actions, cause of action, suits controversies, agreements, premises, trespasses, damages, claims and demands whatsoever in law or in equity, which against said City of Sanford, its personnel, the Sanford Police Department, its members and administrators, hereafter can, shall or may have for, upon or by reasons of my accompanying any member of said department on routine patrol, and from any damages incurred from any service provided by the Sanford Police Department personnel.

I further understand and agree that I am potential witness to all actions and enforcement procedures of the Sanford Police Department and will make myself available for any subsequent administrative or judicial hearings.

I have read and understand the provisions of this agreement, and, enter into it voluntarily and of my own free will.

Dated at Sanford, Maine, this _____ day of _____ 20 _____

Signature of Person: _____

Signature of Parent/Guardian/Guardian ad litem (if appropriate): _____

Address: _____

Date of birth: _____

Signature of Officer: _____

Signature of Supervisor: _____

Signature of Chief of Police: _____

- Reason:
- Transportation
 - Request of Towing/Unlocking Services
 - *Ride-Along Program
 - Other _____

* NOTE: Pre-approval of participants in the Ride-Along Program must be obtained from a command level officer.