



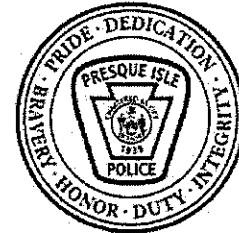
# Presque Isle Police Department

43 North Street Suite #2

Presque Isle, Maine 04769

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email: [chaves@presqueisleme.us](mailto:chaves@presqueisleme.us)



## Citizen Ride-Along Application

- Applicant must be 18 years of age
- No Prior Felony Convictions
- No Misdemeanor arrests within the past 5 years

Print in ink or type all answers. If more space is needed, use an additional sheet of paper.

Name: \_\_\_\_\_  
                    First                                    MI                                    Last

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ DL# & State of Issue: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ or \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work #: \_\_\_\_\_

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1. Have you ever been charged with a crime other than traffic offenses? Yes or No  
If yes, please explain with disposition and dates. \_\_\_\_\_

\_\_\_\_\_

2. How did you hear about the ride-along program?

\_\_\_\_\_

\_\_\_\_\_

3. Do you know any Presque Isle Police Officers? \_\_\_\_\_

\_\_\_\_\_

**Privacy Act Notice:** The Police Department's application form for the Citizen Ride-Along Program requests your date of birth and drivers license number and state of issuance. Disclosing this information is voluntary. The request is made pursuant to the Police Department's practice of requiring program participants to undergo a criminal history records check. The Police Department uses the applicant's date of birth, DL number and other identifying information to conduct these checks. This information is necessary for the Department to obtain accurate criminal history record information and will be used only for that purpose.

My signature below indicates my understanding of the following:

1. The Presque Isle police officers respond to unpredictable calls for service which often times require an emergency response.
2. These calls may involve an inherent risk of personal injury to me while I am participating in the ride-along program.
3. The City of Presque Isle or the Presque Isle Police Department cannot, under any circumstances, guarantee my safety while I participate in the ride-along program.
4. The personal information requested in this application will be used to obtain a criminal history check on me.
5. **I relieve the City of Presque and the Presque Isle Police Department of any liability or responsibility for injuries or death that may occur to me while participating in the ride-along program with the Presque Isle Police Department. This waiver of liability and responsibility extends to any claims by my heirs and/or estate.**

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**Signature of Applicant**

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**Date**