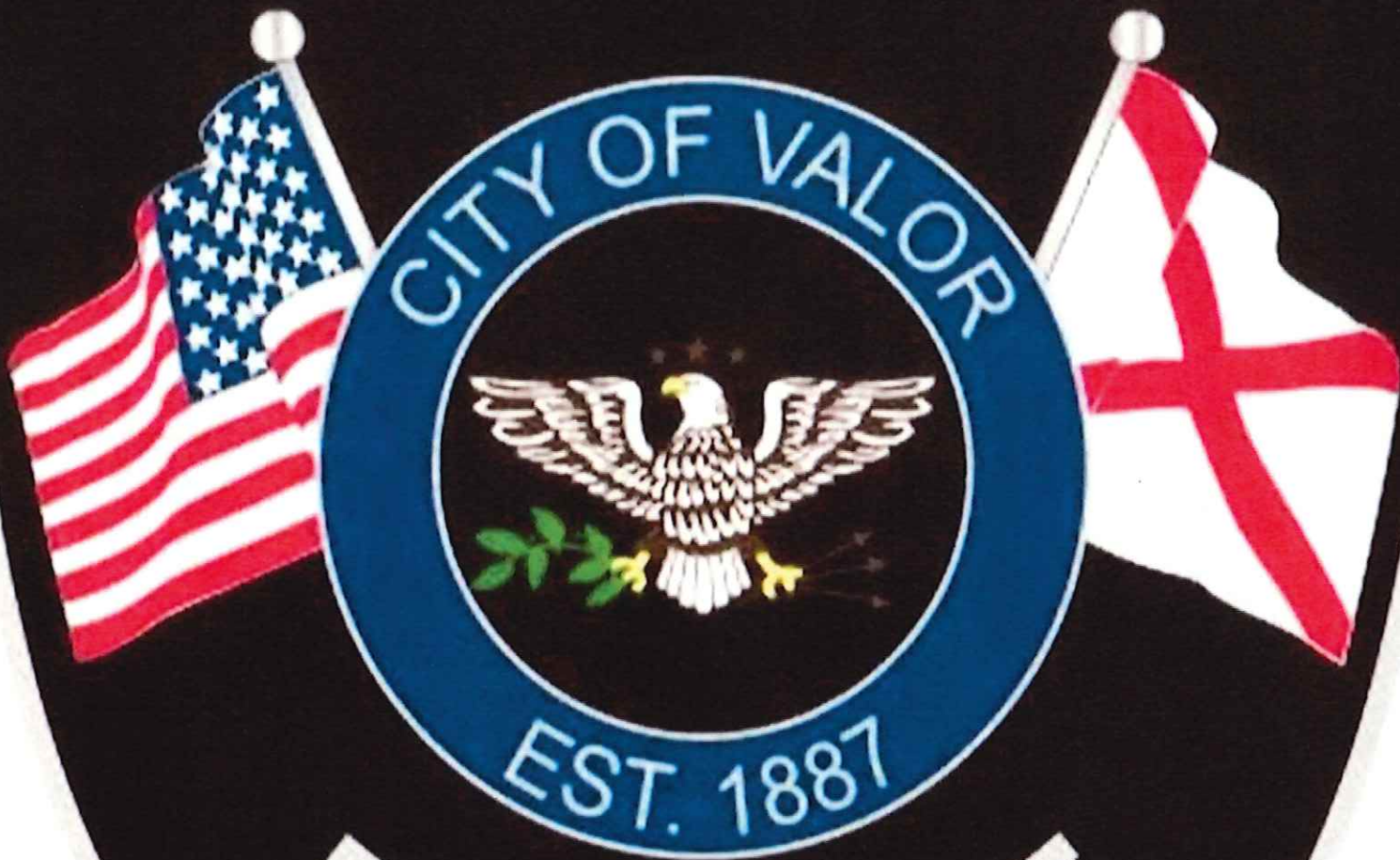


LEEDS



POLICE

**LEEDS CITIZEN'S POLICE ACADEMY APPLICATION 2023-2024**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVE'S LICENSE NUMBER: \_\_\_\_\_ ARE YOU OVER 18 YEARS OF AGE: \_\_\_\_\_

ARE YOU A RESIDENT OF LEEDS ALABAMA: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

DO YOU NEED ANY ASSISTANCE WALKING OR STANDING OVER 10 MINUTES: \_\_\_\_\_

IF SO, WHAT ASSISTANCE SHOULD WE PROVIDE? \_\_\_\_\_

DO YOU HAVE ANY PREVIOUS LAW ENFORCEMENT TRAINING OR EXPERIENCE: \_\_\_\_\_

ARE YOU A VETERAN: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED: \_\_\_\_\_ HAVE YOU BEEN CONVICTED OF A CRIME IS SO EXPLAIN: \_\_\_\_\_

ARE ADDICTED TO DRUGS OR ANY SUBSTANCE: \_\_\_\_\_

DO YOU UNDERSTAND THAT YOU MUST BE SOBER AND NOT TAKING ANY LEGAL OR ILLEGAL DRUG THAT EFFECTS YOUR ABILITY TO OPERATE A MOTOR VEHICLE OR HANDLE A FIRE ARM DURING TRAINING? \_\_\_\_\_

DO YOU AGREE TO KEEP ANY INFORMATION RELATED TO LAW ENFORCEMENT OPERATIONS OF THE LEEDS POLICE DEPARTMENT CONFIDENTIAL: \_\_\_\_\_

DO YOU AGREE TO TAKE AN OATH WITH THE LEEDS POLICE DEPARTMENT EVEN THOUGH YOU WILL REMAIN WITH THE SAME RIGHTS AS A US CITIZEN: \_\_\_\_\_

DO YOU AGREE TO A CONSENTUAL SEARCH OF YOUR PERSON DURING THE TRAINING AT THE LEEDS POLICE DEPARTMENT AND WAIVE YOUR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES WHILE ATTENDING TRAINING IN OUR FACILITIES? \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

APPROVED BY THE CHIEF OF POLICE: \_\_\_\_\_ DATE: \_\_\_\_\_

Accepted: \_\_\_\_\_ Polo Size: \_\_\_\_\_

**LEEDS POLICE DEPARTMENT**

**RIDE-ALONG REQUEST FORMS**

Complete the ride-along forms at least (7) days in advance of the desired ride-along date(s), and forward them, along with a copy of your driver license or state ID, to the Leeds Police Department located at 1040 Park Drive, Leeds, AL 35125. Phone: (205) 699-2581 and email at [pirwin@leedsalabama.gov](mailto:pirwin@leedsalabama.gov) **Incomplete forms will not be processed.** Ride-along records are maintained for (1) year at Leeds Police Department.

DATE OF REQUEST: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DRIVER LICENSE NUMBER AND STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_

ARE YOU EITHER ACQUAINTED WITH OR RELATED TO ANY PERSONNEL WORKING ON THE SHIFT WHICH YOU ARE REQUESTING TO RIDE-ALONG? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PRIMARY DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

EMERGENCY CONTACT PERSON AND PHONE NUMBER: \_\_\_\_\_

REASON FOR PARTICIPATING IN THE RIDE-ALONG PROGRAM: \_\_\_\_\_

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PARTICIPANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN PRINT NAME AND SIGN \_\_\_\_\_

PARENT/GUARDIAN DATE: \_\_\_\_\_

**BOTTOM PORTION TO BE COMPLETED BY THE LEEDS POLICE DEPARTMENT**

REQUESTED DATE(S) FOR RIDE-ALONG \_\_\_\_\_ TO \_\_\_\_\_

SHIFT \_\_\_\_\_

REQUEST RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**LEEDS POLICE DEPARTMENT**  
**RIDE-ALONG RELEASE OF LIABILITY AGREEMENT,**  
**ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, have requested that the Leeds Police allow me to participate in the Ride-Along Program. I am fully aware of the inherent risks associated with my participation in the Ride-Along Program which include, but are not limited to bodily injury, physical and mental disability, death, and property damage. Understanding these risks, it is still my decision to participate in the Ride-Along Program and in consideration of the Police Department allowing me to participate; I assume full responsibility for such risks. I agree that neither I nor my legal representatives, heirs, and assigns, shall hold the City of Leeds, Leeds Police Department and its directors, officials, agents or personnel responsible for any injuries, disabilities, physical and mental diseases, death, property damage or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the Ride-Along Program, whether caused by the negligence of the City, its officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless and to assume the defense of the City, its officers, employees and agents from all claims and expenses of any nature whatsoever, including the costs of defending such claims which may accrue against, be charged to or recovered from or sought to be recovered from the City, its officials, employees and agents as a result of my participation in the Leeds Police Department Ride-Along Program.

I, along with my heirs, executors, administrators or assigns agrees and understands that I have been designated a "volunteer" in accordance with the City of Leeds. Further, I, along with my heirs, executors, administrators or assigns waive and relinquish any interest or right to claim any interest in any City of Leeds employment benefits offered to employees of the City by reason of any common law employee rights theory or similar employment entitlements of any kind. I agree that the contents of this document shall be binding upon my heirs, executors, administrators and assigns.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the State of Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further understand that permission to participate in the Ride-Along Program is granted subject to the rules and regulations of the Leeds Police Department and such permission may be restricted or revoked entirely by the Leeds Police Department in its sole discretion.

I further agree in consideration for the use of the facilities and premises of the Leeds Police Department to indemnify the City of Leeds its agents, servants or employees, their heirs, assigns, executors or administrators against all loss, damage, expense and penalties arising from any action on account of any injury to persons or property of any character whatsoever occasioned by my use of the facilities of the Leeds Police Department.

I acknowledge that I (i) have read and fully understand the content of this Assumption of Risk, Release of Liability and Indemnity Agreement; (ii) have been fully advised of the potential dangers incidental to providing the voluntary service to the City of Leeds; (iii) have had the opportunity to consult with my attorney, in my discretion; and (iv) I am fully aware of the legal consequences of signing this document.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

Signature of Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

## LEEDS POLICE DEPARTMENT

### RIDE-ALONG PARTICIPANT GUIDELINES AND EXPECTATIONS AGREEMENT

In order to safeguard all participants and minimize the possibility of interference with normal police activities, strict adherence to the following instructions is mandatory.

1. Participants who desire to ride-along must submit a Ride-Along Request Form, Release of Liability, Assumption of Risk and Indemnity Agreement Form, Ride-Along Participant Guidelines and Expectations Agreement Form, and a photocopy of their driver license (or state identification card) at least (7) days in advance of the desired ride-along date(s)
2. **Under no circumstances shall participants in the ride-along program carry or possess firearms or other lethal or deadly weapons, including but not limited to, knives or instruments or like similar description, upon their person while in or upon City facilities or property or in City vehicles operated or ridden in by such participants during their tour of duty, regardless of whether or not they possess a pistol permit.**
3. Participants shall obey and be subject to the supervision of Leeds Police Department personnel during the ride-along tour.
4. Participants shall not leave the police vehicle at the scene of any police activity without first obtaining permission from the police officer he/she is assigned to for the ride-along tour.
5. Participants shall not converse or interact with any prisoner, suspect or witness while participating in the program.
6. Participants shall not join in any police activity unless directly requested to do so by a police officer.
7. Participants shall be properly attired and well groomed according to the following guidelines: wear business casual apparel that is conservative and in good taste for a business environment. Clothing should be of appropriate length and fit to facilitate proper movements to portray a professional image. No jeans, tennis shoes (or running shoes), army fatigue, flip flops, overalls, hat/caps (inside buildings), shorts, sweat pants, pants below waist, halter tops, tank tops, muscle shirts, spaghetti strap shirts, strapless tube top, swimsuits, athletic clothing, mini-skirts or sexually suggestive clothing. Blouses, shirts

and/or top must completely cover the stomach area, no bare mid-riffs are permitted. Skirts and dresses must be 2 inches above the knee or lower. Undergarments shall be worn, including but not limited to bras, panties, boxers briefs and t-shirts. Gang related attire, bandanas of any kind, and other gang displays (ex. Hand-signs) are prohibited.

8. A participant's conduct reflects upon the police department; courtesy towards the public and other members of the department is demanded. Participants shall not use any profanity or obscenities.
9. Participants shall not consume tobacco products in any city facility or vehicle.
10. Participants shall not consume alcohol 12 hours prior to their ride-along activity nor be under the influence of any controlled substance. Exception: prescription medication that does not interfere with the participant's ability to adhere to the guidelines set forth in the Ride-Along Program.
11. Participants shall not use any electronic equipment including but not limited to cameras, cell phones or recording devices during a ride-along without the expressed approval of an assigned officer or his/her direct supervisor.
12. If for some reason a participant is unable to attend a scheduled ride-along tour, he/shall notify the Leeds Police Department or Commander at the location of the scheduled ride-along at least (1) hour in advance.
13. Due to the demands of police work, approved participants are subject to being denied a ride-along tour at the discretion of the superior officer at any location. The participant should not be discouraged and should attempt to reschedule the ride-along with the superior officer and notify the Chief of Police within 24 hours.
14. Participants may be exposed to or observe privileged, sensitive, and/or confidential information or activity and agree by signing this form not to discuss any privileged, sensitive, and/or confidential information related to any official police investigation with anyone unless authorized to do so.
15. Participants shall immediately report any appropriate, illegal, or immoral conduct towards their person. This report may be made confidentially to any supervisor who must report the complaint to the chain of command.



16. Failure to adhere to any of these regulations is a cause for immediate termination of the ride-along.

**I HAVE READ THE FOREGOING INSTRUCTIONS, RECEIVED A COPY OF THEM,  
AND I UNDERSTAND AND AGREE TO THEM.**

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participants Printed Name: \_\_\_\_\_

Chief of Police Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_