

Ride-Along Packet

All ride-alongs must complete waiver
to include background checks
with prior approval of the Chief of Police.



Lake Ozark Police Department

Service to the Community

PO Box 370, Lake Ozark, MO 65049

Phone 573.365.5371 - Fax 573.365.6329

Chief of Police Mark A. Maples

www.lakeozarkpolice.com

RELEASE FROM LIABILITY RIDE-ALONG

In consideration of being permitted to participate with the Lake Ozark Police Department in a ride-along, the undersigned hereby agrees to the following:

I agree to indemnify, defend, hold harmless, and release the Lake Ozark Police Department and their employees, from any and all lawsuits, damages, claims, judgments, losses, liabilities or expenses arising out of the death, personal injury or property damage involving myself, which may be sustained while participating in a ride-along with the Lake Ozark Police Department or any of its officers, agents, employees, or volunteers.

I agree to abide by all directions given to me by the officer I am assigned to ride with and all directions of the supervisors of the Lake Ozark Police Department.

I have read, understand, and agree to comply with this **RELEASE FROM LIABILITY**.

Participant's Signature Date

Employee's Signature Date

If participant involved in ride-along is under the age of 21, then a notarized signature from a parent/guardian is required.

Signature of Parent/Guardian Date

Signature of Witness Date

State of _____ County of _____

The above named ride-along subscribed and sworn before me, this _____ day of _____, _____

Notary Public Signature

My Comission Expires

Notary Public Name (Typed or Printed)

LAKE OZARK POLICE DEPARTMENT WAIVER

I, (PRINT FULL NAME) _____, herby certify that all Statements made, or information furnished in connection with my application are true to the best of my knowledge and belief: and that I have not knowingly withheld any information which might adversely affect my chances for employment. I understand that any false statements or omissions of material facts may be cause for rejection of my application or if I am accepted for employment, for later dismissal.

I, herby authorize all federal, state and local law enforcement agencies; all military services including the Veteran's Administration; all agencies and instrumentality's of insurance companies; all credit bureaus and financial institutions; and all schools, colleges, and universities to furnish the Lake Ozark Police Department, or its representative with any and all information in their possession or files regarding me, for the purpose of determining my suitability for employment with the Lake Ozark Police Department.

I, further authorize all of my previous employers whether named in this application or not, to provide the Lake Ozark Police Department, or its representative, with actions, and reason for leaving or termination. In connection with the foregoing, I understand and agree that the Lake Ozark Police Department, or its representative, may discuss my character, reputation, and integrity with any person having access to information about me, including with any persons that I have listed a reference in my application.

I, understand and agree that I may be required to submit to tests; written, oral, drug test, and other similar tests as a prerequisite to employment with the City of lake Ozark and that I may be required to pass a physical examination upon offer of employment. I also understand that the Lake Ozark Police Department may obtain a credit check on me.

By signing this authorization, I expressly waive my rights to privacy or notice that I have under federal or state laws, including, but not limited to the Fair Credit Reporting Act. Any individual, corporation, government agency, or other entity which furnished information to the Lake Ozark Police Department, or its representative, is relieved of all liability to me for any loss or damage that I may suffer as a result. I agree that my application may be provided to another city or state government, or its representative, for proper purposes. A copy of this authorization will be considered as effective and valid as the original.

I, realize that the completion, retention, or use of this application does not mean that a position is open at this time, or that I qualify or have been accepted for employment. I understand that this document does not constitute an offer of employment. I also understand that if I am employed, I am required to abide by all rules and regulations of the employer and any special agreements reached by the employer and me. The Lake Ozark Police Department will not process this application unless all the information

requested has been provided; all certificates and copies of training and education have attached; and this waiver has been signed and witnessed.

Print or Type Name

Signature

Print Witness Name

Date

PLEASE PRINT THE FOLLOWING INFORMATION

Name: _____

Address: _____

Driver's License Number: _____

Social Security Number: _____

Date of Birth: _____

Height: _____ Weight: _____ Race: _____ Sex: _____