



1201 Crews Road
 Matthews, N.C. 28105
 704-847-4069

Ride-Along Request

(Please Print Clearly)

Date:	Full Name:		
DOB:	SS#	Driver's License #:	State:
Home address:		Phone#:	
City:	State:	Zip:	
Place of employment:		Phone#:	

Employee recommending ride-a-long:
Name of officer you wish to ride with:
Date / time you wish to ride:

Have you ever been charged with, or convicted of a criminal offense? No <input type="checkbox"/> Yes* <input type="checkbox"/>
* If yes, list dates, charges and disposition(s):

Background Investigation

Background investigation assigned to:	Date:
Findings:	
Recommendation: Approve <input type="checkbox"/> Not approve <input type="checkbox"/>	Date:
Division Commander's Signature:	Date:
Conditions of approval:	
Chief of Police Signature:	Date:

Post – Ride Report

Officer Assigned:	Date(s):	Time(s):
Officer comments / suggestions:		

The employees of the Matthews Police Department strive to promote a safe community by preventing crimes and reducing the fear of crime, while treating all individuals fairly and with respect. Our members will demonstrate honesty, professionalism and integrity, while building the partnerships necessary to enhance the safety of our community.

Town of Matthews

In consideration for the opportunity to ride in a Matthews Police Department vehicle, and/or accompany any member of the Matthews Police Department while they are on duty, I, _____, do hereby discharge and release the Town of Matthews and the Matthews Police Department, its agents and employees for liability or claim which may arise because of personal injury or property damage which I may suffer, or which may result from or have its origin during the time that I am riding in a Matthews Police vehicle, or by accompanying any member of the Matthews Police Department, or any official mission or other undertaking.

In accepting this opportunity to accompany member of the Matthews Police Department, or to ride in a Matthews Police Department vehicle, I understand that I will not assist any member of the Matthews Police Department to accomplish any tasks or in the performance of their duties, and that I am not in any way deputized to act or assist any member of the Matthews Police Department. I further understand that I will not in any way act as an agent of the Matthews Police Department.

Signed this the _____ day of _____, _____

Signature _____

Printed name: _____

Witness* signature: _____

Printed name: _____

* Witness shall be an employee of the Matthews Police Department

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