



ANNAPOLIS ROYAL POLICE SERVICE

RIDE ALONG APPLICATION

All applicants for the Ride Along Program (outside of training opportunities) are required to complete the following information. Ride Along Applicants are to submit their completed applications to the Annapolis Royal Police Service. In normal circumstances, Ride Along Applications must be submitted at least **seven days prior** to a Ride Along request date. As part of the application process a complete background check will be completed to ensure suitability to participate in the Ride Along Program. If your application is approved, you will be contacted by a member of Annapolis Royal Police Service to advise you of further details.

The personal information on this form is being collected on a volunteer basis and will be used to ensure the safety of all persons involved in the Ride Along Program. Please attach 2 pieces of government issued Identification along with this form. A Signed Liability Agreement Must be Complete prior to starting the Ride Along.

SECTION 1 – TO BE COMPLETED BY THE APPLICANT

Date of Request: (YYYY/MM/DD)			
Surname:		Given 1:	Given 2:
Name at Birth if different from above:			
Address:		Town:	Prov:
Date of Birth: (YYYY/MM/DD)		Res Phone:	Postal Code:
Email Address:		Cell Number:	Other Number:
		Driver's License Number:	

Please Indicate which criteria applies to you?

Serving Police Officer: Yes No Police Service: _____

Media: Yes No Media Outlet: _____

Are You an employee of the Town of Annapolis Royal? Yes No Department: _____

Are you a citizen of Annapolis Royal? Yes No If no, What community: _____

Post-Secondary Student Related Study? : Yes No Specify: _____

Other Reason for your interest: _____

Date and time preferred for Ride-Along:

I, the undersigned, authorize The Annapolis Royal Police Service to conduct a background check for the purpose of assessing my suitability for the Ride Along Program. I understand that this background check will include searches of police databases and the automated Criminal Records Retrieval System maintained by the R.C.M.P.. I acknowledge that suitability of applicants is assessed at the sole discretion of The Annapolis Royal Police Service, and that information obtained during the course of this assessment will not be shared with me.

Applicants Signature	Date (YYYY/MM/DD)
Guardian Signature if under 18 years of age	Date (YYYY/MM/DD)

SECTION 2 – APPLICATION CHECK LIST TO BE COMPLETED BY RECEIVING OFFICER

- Verify Applicant’s Photo Identification
- Explain to the applicant that you will be completing all necessary background checks

Conduct all the checks listed below and check once completed.

<input type="checkbox"/> Criminal Record Check	<input type="checkbox"/> Outstanding Charges (PROS)	<input type="checkbox"/> Provincial Offences
<input type="checkbox"/> IPA Apprehensions	<input type="checkbox"/> PIP (if from other jurisdiction)	<input type="checkbox"/> CFRO

Name and badge number of member conducting checks:
Comments:

SECTION 3 – TO BE COMPLETED BY CHIEF OF POLICE OR DESIGNATE

If Applicant is a member of the media Chief of police Must Approve Application.

Chief Of Police Signature:

Ride Along Approval

<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Comments:	

Applicant Notification

Applicant Notified Yes No / By Telephone By E-mail

Date and Time of Ride Along: _____

Officer Assigned: _____

Occurrence Number Assigned: _____

Signature of Member	Date (YYYY/MM/DD)
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