



The University of Georgia®

Police Department

Citizen Ride-Along Application and Waiver*

Name: _____

Address: _____

Telephone: _____

Email: _____

Are you a UGA student? Yes No

- Reason for requesting a ride along:
- Employment
 - Criminal justice student
 - Media
 - Other (please describe below)

Day and date you wish to observe: _____ Time you wish to ride: _____

I hereby release the University of Georgia Police Department and its officers and employees from any claim for damages for any loss of property, injury or death which might result from my participation in a ride-along involving the University of Georgia Police Department. This release is given freely in consideration of the privilege being extended to me to ride in units of the University of Georgia Police Department. I further understand that this request requires that a criminal history records check be completed, which requires my consent.

Signature of Applicant: _____ Date Signed: _____ In the event of emergency, notify: _____

Operations Bureau Commander: Approved Denied

Operations Bureau Commander signature: _____

Date approved/denied: _____

CHRI check completed by: _____

Date CHRI check completed: _____

No disqualifying information found Disqualifying information found

* Completed CHRI waiver must be turned in



The University of Georgia

Police Department

Ride Along Rules

(Applicant must initial that each has been read and is understood)

Applicant initials

1. The safety of the citizen observing the UGPD is of paramount importance. _____
2. Because of the potential for police activity to escalate to a dangerous level, all observers will adhere to the directions and instructions of the officer. _____
Participants will not be taken to the scene of potentially dangerous situations. Under some circumstances, it may be prudent for the officer to drop off a ride-along at a safe location, such as the UGPD headquarters building, until completion of the call.
3. Participants will not be taken into private residences or offices, nor will they be allowed to observe confidential discussions with victims or witnesses. _____
4. All observers must agree to not publicly discuss the names of persons involved in police matters. It is essential that statements or evidence witnessed during a ride-along be held confidential. No video, photographic, or recording devices are allowed. _____
5. Observers will wear their seatbelt at all times while in a UGPD vehicle. _____
6. UGPD personnel can decide at any time to conclude a ride-along. _____

GEORGIA CRIME INFORMATION CENTER

AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed: _____ Date: _____

Witnessed: _____ Date: _____

**The University of Georgia Police Department
Authorization to Release Information**

I, _____
Last Name
First Name
Middle Name

 Social Security Number
Height
Weight
Eye Color
Hair Color

 Date of Birth
Sex
Race

 Street Address
City
State
Zip

having filed an application for employment with the University of Georgia Police Department, hereby consent to have a background investigation conducted in regard to my possible future employment. This investigation and my consent necessarily involve the areas of moral character, professional reputation, physical and mental fitness, credit, employment history, and education.

I understand that I will not receive a copy of the information obtained through this investigation and that I am not entitled to know its contents. The contents of my background are privileged.

I also authorize and request every person, firm, corporation, agency, court, association or institution having control of any documents, records or other information pertaining to me, including all documents and records regarding charges or complaints filed against me, or any other pertinent data, to furnish them to the University of Georgia Police Department for inspection and copying.

I hereby give consent to the University of Georgia Police Department to solicit, obtain, inspect and copy any and all information, records and documents necessary to complete a thorough background investigation relative to my possible future employment. Pertinent records may include, but are not limited to (initial each item below):

Criminal history records

*** This version of this form is for "ride alongs" only, and will only require consents to run criminal history information.**

I hereby release and forever discharge every person, firm, corporation, agency, court, association or institution furnishing such information from any and all liability arising out of the furnishing of such documents, records or information, or out of the investigation made by the University of Georgia Police Department.

I hereby release and forever discharge the University of Georgia, its Police Department, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind arising from or by reason of any injury, damage or the consequences thereof, resulting from or in any way connected with the background investigation conducted in regard to my possible future employment.

I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I hereby certify that I am at least 18 years of age and suffering under no legal disability and that I have read and understood the above.

Signature of Applicant
Printed Name
Date

State of _____, County of _____, Sworn to and subscribed
 before me this _____ day of _____, 20____.

Notary Public
Expiration Date