



**Town of Sanford Police Department  
Civilian Observer (Ride-A-Long) Application**

**Observer Information**

FIRST	MI	LAST	DATE OF BIRTH	SOCIAL SECURITY NUMBER
NO.	STREET	TOWN	STATE	ZIP CODE
			TELEPHONE NUMBER	

**Previous Residence**

NO.	STREET	TOWN	STATE	ZIP CODE
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By voluntarily reporting to the Sanford, Maine Police Department and by signing and submitting his application, the applicant agrees to fulfill all requirements deemed necessary by the Chief of Police. This includes, but does not limit the applicant to submitting the Civilian Application form, signing a Standard General Waiver Form, being forthright on this application is paramount to the safety of the community, the members and responsible parties of the Sanford Police Department, and the applicant, therefore; the discovery that the applicant failed to truthfully fill out this application is, in an of itself, reason to deny the application.

- Have you ever been convicted of a crime?  YES  NO
- Have you previously been arrested?  YES  NO
- Do you have any medical conditions that may affect you during your participation in this program?  YES  NO
- Are you under eighteen years of age?  YES  NO

If you answered YES to any of the above questions, please explain:

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Please explain your interest in the Civilian Observer program:

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<b>ADMINISTRATIVE USE ONLY</b>				
SBI <input type="checkbox"/>	IMC BASE <input type="checkbox"/>	IMC OTHER <input type="checkbox"/>	DQHA <input type="checkbox"/>	---ATTACH COPIES---

By signing his form and turning in this application you grant the Sanford police department permission to perform a background check on the provide information. Failure to truthfully disclose any information is reason to deny permission to participate in the program. A background check will consist of, but is not limited to Sanford Police Department records, other jurisdiction Police Department records, state driver inquiry, and State Bureau of Identification check.

I attest to the fact that all of the information provided in this application is true and complete.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**SANFORD POLICE DEPARTMENT  
STANDARD GENERAL WAIVER RELEASE FORM**

I, \_\_\_\_\_, good and valuable consideration, hereby and forever discharge and by these presents do for my heirs, executors, and administrators, remise, release and forever discharge the Town of Sanford, its staff, their heirs and executors, successors, and administrators, of and from all manner of actions, cause of action, suits controversies, agreements, premises, trespasses, damages, claims and demands whatsoever in law or in equity, which against said Town of Sanford, its personnel, the Sanford Police Department, its members and administrators, hereafter can, shall or may have for, upon or by reasons of my accompanying any member of said department on routine patrol, and from any damages incurred from any service provided by the Sanford Police Department personnel.

I further understand and agree that I am potential witness to all actions and enforcement procedures of the Sanford Police Department and will make myself available for any subsequent administrative or judicial hearings.

I have read and understand the provisions of this agreement, and, enter into it voluntarily and of my own free will.

Dated at Sanford, Maine, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Person: \_\_\_\_\_

Signature of Parent/Guardian/Guardian ad litem (if appropriate): \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

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

- Reason:      Transportation
- Request of Towing/Unlocking Services
- \*Ride-Along Program
- Other  \_\_\_\_\_

**\* NOTE: Pre-approval of participants in the Ride-Along Program must be obtained from a command level officer.**