



Tuscaloosa Police Department Internship program

Name: _____ Telephone: _____

Address: _____

Email Address: _____

Semester: _____ Year: _____ Contact hours needed: _____

GOALS AND OBJECTIVES: In two paragraphs or less, discuss why you're interested in becoming an intern for the Tuscaloosa Police Department, and what skills and experiences you hope to gain here. How would this internship will further your long-term academic and professional goals?

Student Signature: _____ Date: _____

Spillman # _____

(For office use only)

APPLICATION FOR RIDE-ALONG

Complete the following information (Please, Print Legibly)

Name: _____

Address: _____
Last First Middle CITY STATE

Date of Birth: _____ Social Security Number: _____

Sex: _____ Race: _____ Hair color: _____ Eye color: _____ Height: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Driver's License State/#: _____

Current Employer or School: _____

Reason for wanting to Ride-Along: _____

Tuscaloosa Police Officer reference (if any): _____

(Shifts begin at 6 a.m., 2 p.m., and 10 p.m. You can ride a whole, 8 hr. shift or part of it. The officer will return you to the building at his earliest convenience for the time you select so, plan accordingly.)

Notice: By completing and signing this request to ride along, you are also agreeing to a criminal history check both locally and nationally. No firearms or weapons of any type are to be carried while participating in this program. You also agree to comply with any legal requests made of you during the ride along with the officer you are riding with. Failure to comply with the above will result in immediate termination of the ride along.

You will be contacted by a sergeant on the shift you wish to ride with for further background information. You will be notified at a later date of approval or disapproval and, if approved, the date and time to ride. A City of Tuscaloosa release from liability form, as well as a non-disclosure form, is also required to ride along.

I agree to abide by the above.

Signed: _____

Date: _____ Witnessed: _____

Disapproved reason: _____ Date: _____

Approved: _____ Date: _____

Sergeant Signature

Approved: _____

Chief Signature

NOTICE: BOTH SIDES MUST BE FILLED OUT, SIGNED AND WITNESSED BEFORE RIDE-ALONG CAN BE APPROVED.

STATE OF ALABAMA)
COUNTY OF TUSCALOOSA)
CITY OF TUSCALOOSA)

RELEASE AND INDEMNITY AGREEMENT

WHEREAS, the undersigned, _____, has requested he/she be permitted to ride in a vehicle, automobile, boat or helicopter owned by the City of Tuscaloosa when said vehicle is engaged in police work; and,

WHEREAS, the undersigned is fully aware and acknowledges that by engaging in the aforesaid activity, there is danger to him/her from conditions that are both open and obvious and/or latent and unseen which could result in serious injury, including personal injury and/or death.

NOW, THEREFORE, in consideration of the City of Tuscaloosa permitting the undersigned to engage in the aforesaid activity, the undersigned does, for himself/herself, his/her heirs, assigns, executors and administrators, remise, release and forever discharge the City of Tuscaloosa, a Municipal Corporation, its officers, agents, and/or employees of and from all manner of action and actions, suits, and sums of money, dues, claims, or demands, whatsoever, which arise out of or in any manner grow out of, property damage sustained by the undersigned or injuries or death sustained by the undersigned, including injuries known or unknown, by reason of being permitted to engage in the aforesaid activity in the City of Tuscaloosa.

The undersigned voluntarily assumes all risks attendant with the activity as enumerated above, and does hereby agree to indemnify and hold harmless, the City of Tuscaloosa, a Municipal Corporation, its officers, agents or employees from any and all manner of damages, claims, suits, sums of money, dues and demands, whatsoever, which arise out of or in any manner grow out of property damage sustained by the undersigned or injuries or death sustained by the undersigned; including injuries known or unknown to the undersigned by reason of the undersigned being permitted to engage in the aforesaid activity.

The undersigned expressly warrants that this Release and Indemnity Agreement is to be binding upon his/her executors, successors, administrators, and assigns.

It is further warranted by the undersigned that no promise or inducement has been offered, except as herein set forth, and that the undersigned is of legal age, legally competent to execute this Release and agrees to all the terms of this Release and Indemnity Agreement; making all warranties herein set forth and accepting full responsibility therefor; and this Release is a full and final release of all claims known and unknown; anticipated and unanticipated.

THE UNDERSIGNED has read this Release and Indemnity Agreement and fully understands the same.

WITNESS my hand and seal, this the ____ day of _____, 20____.

Shift Commander

Approval Chief of Police

Signature of Participant

WITNESS:

City of Tuscaloosa



WALT MADDOX
MAYOR

POLICE DEPARTMENT
2501 HARGROVE ROAD EAST
TUSCALOOSA, ALABAMA
35405



BRENT P. BLANKLEY
Chief of Police

Non-Disclosure Agreement

I, _____ (print name), recognize that through participating in the Ride-Along Program intimate details of Tuscaloosa Police Operations and details persons that we come in contact with may arise. Therefore, the undersigned agrees to keep confidential all observations, circumstances, conversations, or any other private, personal, or departmental matters that might arise. This includes divulging any information to anyone else in a personal manner, in writing, through the internet through social media, by recording anything that occurs during the ride along either by audio or video means or by any other method not listed. The undersigned also recognizes that it is possible to become civilly liable for any disclosure of any confidential information obtained as a part of the Ride-Along Program, and the undersigned recognizes that not following this assignment will result in them not being allowed to participate in the program.

Signature

Date

Witness

COUNCIL MEMBERS

District 1
**Matthew
Wilson**

District 2
**Reavan
Howard**

District 3
**Norman
Crow**

District 4
**Lee
Busby**

District 5
**Kip
Tyner**

District 6
**John
Faile**

District 7
**Cassius
Lanier**