

## RELEASE TO RIDE IN A GOVERNMENT VEHICLE

### Return to:

Athens-Clarke County Police Department  
3035 Lexington Road  
Athens, GA 30605

**For Police Department Use Only:**  
(To be completed at time of delivery)

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received by: \_\_\_\_\_

**Upon completion of Criminal History, forward to the appropriate Watch Commander based on the shift requested.**

### To be completed by applicant:

Applicant Name: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Date you wish to ride: \_\_\_\_\_

We will try to schedule you on the date and time you prefer. However, there are no guarantees.

**Check** preferred shift & time you wish to ride:

<u>East Patrol Shift</u>	<u>West Patrol Shift</u>
5:45 am - 6:00 pm	5:45 am - 6:00 pm
5:45 pm - 6:00 am	5:45 pm - 6:00 am

- Please allow 10 business days to process your application.
- You will be notified after your application has been approved to arrange a time to ride.
- All forms must be returned signed and completed to the Athens-Clarke County Police Department located at 3035 Lexington Road, Athens GA 30605.

### Please select notification preference:

(If no preference is selected you will be notified via email.)

Email

Phone

### Ride Along Requirements:

- Arrive 15 minutes before shift.
- During the ride along you will be required to present a neat, positive image that does not interfere with or distract from the performance of police duties.
- Closed toe shoes or boots are required during the ride along.
- If a hat is worn, it must be worn in a professional manner.



### Public Information Program

## WAIVER & RELEASE TO RIDE IN GOVERNMENT VEHICLE

#### Instructions:

The purpose of this form is to establish, to the satisfaction of the concerned management personnel, your purpose for participating in this agency's Public Information Program as a "ride along" in an Athens-Clarke County Police Department vehicle. You will also be required to release Athens-Clarke County, and entities thereof, from any liability arising from any possible injuries you might sustain as a participant in the program. At the discretion of Department management, current Athens-Clarke County employees who are covered by government insurance may be excluded from completing this form. Approval is at the discretion of the Chief of Police or his designee.

If approved for participation, you will be assigned to accompany a police officer of the Division Commander's choosing. Your authority to possess a weapon during your participation is strictly at the discretion of the Division Commander with approval of the Chief of Police. Violation of this rule will result in permanent disqualification from future participation and possible criminal prosecution.

#### Completed by Applicant:

Your Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Are you a law enforcement officer:  Yes  No If yes, agency: \_\_\_\_\_

Are you a student of Criminal Justice:  Yes  No If yes, school: \_\_\_\_\_

State your purpose/reasons for participation: \_\_\_\_\_

### **NO PHOTOGRAPHIC, VIDEO, OR AUDIO EQUIPMENT ALLOWED DURING RIDE-A-LONG**

#### **--WAIVER & RELEASE--**

Please read carefully

I, the undersigned, desiring to ride as a passenger in a patrol vehicle operated by the Athens-Clarke County Police Department in connection with the Department's Public Information Program, do hereby assume any and all risks incidental to said activity and waive any and all claims for injuries, damage, and/or loss resulting from my participation in the program. I intend, by executing this instrument, to release and discharge from any and all such claims the Unified Government of Athens-Clarke County, Georgia, the Mayor and Commissioners of Athens-Clarke County, Georgia, both individually and in their official capacity; the Manager of Athens-Clarke County, Georgia, both as an individual and in his/her official capacity, and the Athens-Clarke County Police Department and any member, employee or agent thereof, both individually and in their official capacities as employees of Athens-Clarke County, Georgia. I fully understand and acknowledge that my sole function as a participant is that of an observer only.

I authorize the Athens-Clarke County Police Department to conduct a background investigation on me; the extent of which to be determined by the Department. I understand that such an investigation may include, but will not be limited to, criminal history information and release the Athens-Clarke County Department, its agents and employees, from any liability for requesting and using such criminal history information from any court, law enforcement agency or other agency. I authorize any person or agency having access to such information to reveal same to any duly authorized agent of the Athens-Clarke County Police Department and release said person or agency from any and all liability arising from such revelation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### **--Police Department Use Only--**

Approved  Denied by: \_\_\_\_\_ Title: \_\_\_\_\_

Period of Approval: From \_\_\_\_\_ to \_\_\_\_\_ Received Date: \_\_\_\_\_

Officer Assignment: \_\_\_\_\_ Shift Supervisor: \_\_\_\_\_

Comments: \_\_\_\_\_

## **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 \$5,000.00 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: \_\_\_\_\_



# ATHENS-CLARKE COUNTY POLICE DEPARTMENT

## RELEASE OF CRIMINAL HISTORY CONSENT FORM

ACP-F-140  
Form Number  
07/28/2022  
Revision Date

- |   |  |
|---|--|
| <input type="checkbox"/> Citizen's Police Academy (Purpose Code 'C')          | <input type="checkbox"/> Other _____ (Purpose Code 'E')                      |
| <input type="checkbox"/> Contractors and vendors (Purpose Code 'C')           | <input type="checkbox"/> Other employment (Purpose Code 'E')                 |
| <input type="checkbox"/> Employment for firefighter (Purpose Code 'W')        | <input type="checkbox"/> Personal copy (Purpose Code 'U')*                   |
| <input type="checkbox"/> Employment with children (Purpose Code 'W')          | <input type="checkbox"/> Public Housing (Purpose Code 'H')                   |
| <input type="checkbox"/> Employment with elder care (Purpose Code 'N')        | <input type="checkbox"/> Records Restriction (Purpose Code 'E')              |
| <input type="checkbox"/> Employment with mentally disabled (Purpose Code 'M') | <input checked="" type="checkbox"/> Ride-Along (Purpose Code 'C')            |
| <input type="checkbox"/> Military (Purpose Code 'E')                          | <input type="checkbox"/> Volunteers and interns for ACCPD (Purpose Code 'J') |

*\* If requesting personal copy, Purpose Code 'U', the below named individual who is requesting their criminal history is the only person who may pick up the completed Criminal History. A photo ID must be provided at the time of pick up.*

*\*When submitting a consent form, all applicants must provide a state issued driver's license or ID card that includes a photo.*

I, \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
SOCIAL SECURITY NUMBER HEIGHT WEIGHT EYE COLOR HAIR COLOR

\_\_\_\_\_  
DATE OF BIRTH RACE SEX (\_\_\_\_\_) PHONE NUMBER

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

***\*IF RECORD IS TO BE MAILED, PLEASE INCLUDE THE COMPLETE MAILING ADDRESS IN THIS SECTION\****

*This section must be completed if attorneys would like their clients paperwork to be returned to them.*

### I HEREBY AUTHORIZE:

**ATHENS-CLARKE COUNTY POLICE DEPARTMENT**  
(Attach to Waiver & Release to Ride in Government Vehicle)

\_\_\_\_\_  
NAME OF PERSON/BUSINESS TO RECEIVE CRIMINAL HISTORY RECORD

\_\_\_\_\_  
STREET ADDRESS OF PERSON/BUSINESS RECEIVING THE CRIMINAL HISTORY RECORD

\_\_\_\_\_  
CITY STATE ZIP CODE (\_\_\_\_\_) PHONE NUMBER

### TO RECEIVE MY CRIMINAL HISTORY RECORD FROM:

**Athens-Clarke County Police Department**  
**3035 Lexington Road, Athens, GA 30605**  
**Phone Number: (706) 613-3330**

\_\_\_\_\_  
SIGNATURE OF SUBJECT

**NOTICE: INCOMPLETE FORMS WILL NOT BE PROCESSED.**

SWORN TO AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC