



# Village of Pinehurst Police Department

420 Magnolia Road  
Pinehurst, NC 28374  
910-295-3781

## Citizens Police Academy Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Have you ever been charged with a crime? Yes  No

If yes, was it a misdemeanor or felony? Misdemeanor  Felony

If yes, when? \_\_\_\_\_

*A criminal charge does not necessarily exclude you from acceptance into the academy.*

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_

## Waiver

I, \_\_\_\_\_, hereinafter referred to as participant, fully understand that due to the nature of the Pinehurst Police Department's Citizens Police Academy, there is a chance of physical injury. I agree to assume all risk. I agree to release and discharge the Village of Pinehurst and the Pinehurst Police Department, its officers, employees, and agents from any and all claims, demands, causes of action and suits, or liabilities which might arise from such participation, including acts or omissions constituting negligence. I further agree to a background check of my criminal history and driving history for the purpose of my participation in the Pinehurst Police Department's Citizens Police Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## For Department Use Only

Records Check Status: Negative: \_\_\_\_\_ History on File: \_\_\_\_\_ Initials: \_\_\_\_\_

Computer Status: Negative: \_\_\_\_\_ History on File: \_\_\_\_\_ Initials: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Application Denied: \_\_\_\_\_

Deputy Chief: \_\_\_\_\_ Date: \_\_\_\_\_

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



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### Ride-Alongs

Ride-alongs are scheduled during the academy. Please provide a few dates and whether you would prefer either day or night shift for your ride-along. Shifts start at 7:00 and end at 7:00 for both day and night shifts. Ride-alongs will be limited to a 4 hour duration. If you would prefer to ride with a specific officer, please write their name down and we will try to accommodate requests.

Dates: \_\_\_\_\_

### Ride-Along Rules:

1. Police officers can be, and often are, assigned duties which involve danger and serious risks. Duties which involve emergencies or danger will not be avoided because you are present.
2. While every effort will be made to ensure your safety, the police officer's first responsibility will be to carry out assigned duties.
3. The police officer you accompany will be happy to discuss duties and responsibilities, insofar as time permits. If, however, an emergency should arise, you must immediately and without question comply with any order or directions given to you by the officer, as it is for your own safety.
4. You are not permitted to take photos, audio recordings, or videos while riding along.
5. You are required to present a neat, clean appearance (no jeans).
6. You are not permitted to leave the patrol car at the scene of police activity.
7. You are required to wear a seatbelt while riding along.



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**Release**

FOR VALUABLE CONSIDERATION RECEIVED, including the benefits of this program and the permission which I have received to accompany one or more police agents of the Police Department of Pinehurst, North Carolina, a municipal corporation, during the course of his or their duty, I, the undersigned, do by these presents release the Village of Pinehurst, its police agents, public officials, agents, servants and employees from any and all liability, claims, demands, actions, and causes of action, which may hereafter have on account any and all injuries and damage to me or my property, or my death, arising out of or relating to any happening or occurrence while I am accompanying any agent or agents of the Pinehurst Police Department on duty, or incidental thereto, and for the said Village and the said persons, and agree to forever hold them and each of them harmless from any such liability, claims, demands, actions or causes of action.

The terms hereof shall be in full force and effect on the date hereof and on any occasion when I may hereafter accompany any Pinehurst Police agent or agents.

I have read and understand the conditions of this program as stated above and hereby voluntarily assume all risk of loss, damage or injury to me or my property, including death, which may be sustained while a passenger of the city vehicle or incidental to accompanying one or more Pinehurst Police agents while on duty.

This release agreement shall be binding upon me and my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said village, agents, public officials and persons herein designated and their heirs, executors, administrators, personal representatives, assigns and successors in office.

I have read and do understand this release. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature  
(Parent/Guardian Signature required if less than 18 years of age)

County of \_\_\_\_\_, North Carolina

I, \_\_\_\_\_, a Notary Public for said county and state, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Official Seal)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20\_\_.