



**HENNIKER POLICE DEPARTMENT**  
340 WESTERN AVENUE  
HENNIKER, NH 03242  
Bus: 603-428-3213 Fax: 603-428-7509  
[records@hennikerpd.com](mailto:records@hennikerpd.com)

**Ride Along Observer Application**

Print or Type Clearly

Last	First	Middle
Full Name: _____		
Street Address: _____		
City/State/Zip _____		
E-Mail Address: _____		Phone #: _____
DOB: _____	Gender: _____	SSN: _____
Driver's License (State & #): _____		
Occupation/School: _____		
Address: _____		

Have you ever applied for this program before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, were you granted participation? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates: \_\_\_\_\_

If No, please explain why not: \_\_\_\_\_

Have you ever been arrested for a misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please give details: \_\_\_\_\_

Are you currently in any court action? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please give details: \_\_\_\_\_

Why do you wish to participate in the Ride Along Observer Program?

**Availability Dates or Days (check all that apply)**

Sunday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	Notes
Monday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	Notes
Tuesday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	Notes
Wednesday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	Notes
Thursday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	Notes
Friday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	Notes
Saturday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	Notes

**Disclaimer and Signature**

By signing this form, I certify that the above information is correct. I also authorize the Henniker Police Department to conduct a criminal record check in order to help determine my eligibility to participate in this program.

Further, should I be granted permission to accompany officers during the course of their duties, granted to me at my voluntary request, I hereby waive and release all demands, damages, actions, causes of action, to any and all members of the Henniker Police Department and official members and employees of Town of Henniker, in the event of my death or injuries, both to person and property whether foreseeable or not, which may occur, directly or indirectly, or develop at any time in the future as a result of my activities or association with the Henniker Police Department, whether in a police vehicle, in the police station or otherwise associated with the Henniker Police Department and officers and officials thereof in any manner whatsoever.

I understand I will be exposed to incidents and information considered confidential and is not to be discussed with unauthorized persons, specifically non-law enforcement people. I also acknowledge I am prohibited from any audio and/or visual recording, photographing, digital media or other such method of recording any part or all of the designated time during the ride along.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

☐ Check here If applicant is under 18. Please note: parent or guardian signature if required if under 18.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**For Office Use Only**

Record Check (By/Date): _____ Local _____ NCIC _____ (Please add supporting documents)			
Recommend Approval:	Yes _____	No _____	Reason: _____
Approved:	Yes _____	No _____	
Patrol Sgt:	_____	Date:	_____
Police Chief:	_____	Date:	_____