



ATLANTA POLICE DEPARTMENT Civilian Observer Application and Waiver

				Date	
Last Name		First Name		Middle Initial	
Company or Agency (if Applicable)					
Local Address					
Local phone			Business phone		
Emergency Contact					
Last Name		First Name		Middle Initial	
Address		Home phone		Business phone	
Local Physician Name		Address		phone	
Reason for wanting to ride as an observer					
Preferences: Zone		Watch		Date(s)	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a convicted felon? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are any criminal charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you consent to having a criminal history check done? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any medical condition, which may affect participation in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If the answer to any of the above is YES, explain:					
Police Automobile Passenger Liability Waiver					
<p>FOR, AND IN CONSIDERATION OF, BEING PERMITTED TO RIDE AS A PASSENGER IN A CITY OF ATLANTA POLICE VEHICLE, OPERATED BY OR ON BEHALF OF THE CITY OF ATLANTA, FOR AND ON BEHALF OF MYSELF, MY PERSONAL REPRESENTATIVES, HEIRS AND ASSIGNS, I HEREBY RELEASE AND DISCHARGE THE CITY OF ATLANTA, ITS POLICE OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM ANY AND ALL CLAIMS FOR PROPERTY DAMAGE, AND/OR PERSONAL INJURY OR DEATH RESULTING FROM OR DURING THE OPERATION OF SAID POLICE VEHICLE OR CONTINUANCES THEREOF OR FROM ANY OTHER POLICE OPERATION OUTSIDE SAID POLICE VEHICLE,</p>					
_____			_____		
(Witness)			(Signature)		
POLICE USE BELOW THIS LINE					
Has a Criminal History Record check been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has a photocopy of official identification been attached to this form? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved By _____ Title _____					
Comments:					
Escort officer			Unit Commander		
Date (s) of ride		From (hrs)		To (hrs)	