



BELLVILLE POLICE DEPARTMENT

320 BELL STREET
BELLVILLE, OHIO 44813
PHONE: 419-886-2813
FAX: 419-886-2144

RIDE ALONG

Dear Perspective Rider:

The Bellville Police Department would like to thank you for your interest in the field of law enforcement. You will find in the attached forms, requests to preform background checks on yourself. All forms will be required to be filled out and returned to the Bellville Police Department before any ride along is approved. Once your background has been completed and approved by the Chief of Police an appointment will be set for your ride along. These forms will be held valid for a period of no more than thirty days from the date they were approved. During this time (with appointment) you will be able to ride as many times as you would like with our officers without having to complete another packet.

We wish you the best of luck and again, thank you for showing interest in the Bellville Police Department.

CHIEF OF POLICE

RON WILLEY



BELLVILLE POLICE DEPARTMENT

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BP-1

RELEASE OF ALL CLAIMS

I, _____, associated with _____,
DO hereby release the Village of Bellville, the Bellville Police Department, and any Bellville
Police Department personnel, of any and all claims of any nature whatsoever which may arise as
a result of my accompanying any Bellville Police personnel, or that I may incur while a passenger
in any Bellville Police vehicle or any other equipment either in my personal or business capacity.

SIGNED _____ DATE _____

ADDRESS _____

If the above person signing the form is under 18 years of age:

SIGNATURE
PARENT: _____

ADDRESS: _____

WITNESS: _____

APPROVED BY
CHIEF OF POLICE: _____ DATE: _____



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COMPUTER CRIMINAL HISTORY REPORT

BY MY SIGNATURE BELOW, I HEREBY CERTIFY THAT I GIVEN THE BELLVILLE POLICE DEPARTMENT AND OR ITS AGENTS, PERMISSION TO SEEK A COPY OF MY ARREST/CONVICTION RECORD FROM THE BUREAU OF CRIMINAL INVESTIGATION. I DO HEREBY RELEASE AND HOLD HARMLESS, THE STATE OF OHIO BUREAU OF CRIMINAL IDENTIGATIONS AND INVESTIGATION, BELLVILLE POLICE DEPARTMENT, VILLAGE OF BELLVILLE, OHIO, ITS APPOINTED REPESENTATIVES AND ALL INDIVIDUALS CONNECTED THEREWITH FROM ANY AND ALL LIABILITY AS A RESULT OF THIS INQUIRY.

APPLICANT SIGNATURE

DATE

NAME: _____

ALIAS/MAIDEN
NAME(S): _____

DATE OF BIRTH: _____ RACE: _____ SEX: _____

SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING RECORD: BELLVILLE POLICE DEPARMENT

**ATTN: BACKGROUND INVESTIGATOR
320 BELL STREET
BELLVILLE, OHIO, 44813**