



ROCKVILLE CITY POLICE DEPARTMENT
RIDE-ALONG APPLICATION

NAME (first, middle, last): _____ D.O.B: ___/___/___

AGE: _____ SEX: ___M ___F

ADDRESS: _____

PHONE NUMBER (H) _____ (C) _____
(W) _____

DRIVER'S LICENSE # _____

Indicate why you would like to Ride Along: _____

Please indicate when you would like to ride.

DAY OF WEEK: _____ DATE: ___/___/___ TIME: _____ to _____

- Are you currently under doctor's care? YES* ___ NO ___
Are you currently taking medication? YES* ___ NO ___
Have you read and understand the guidelines for the Ride Along? YES ___ NO ___
Have you participated in the Ride Along program within the last six months? YES ___ NO ___
Have you ever been convicted of a criminal offense other than minor traffic violations? YES* ___ NO ___
Are you presently employed as a police officer or law enforcement official? YES* ___ NO ___

*Explain _____

GUIDELINES FOR RIDE ALONG PARTICIPANTS

- 1. You must be eighteen (18) years or older to participate in the Ride Along Program.
2. Arrange for transportation to and from the Rockville City Police Station.
3. Wear issued identification badge during the Ride Along.
4. In order to comply with department policies and procedures, you MUST utilize the safety belts and safety equipment in the police vehicle.
5. Tape recorders are NOT permitted in police vehicles. Cameras may ONLY be used at the discretion of the participating officer.
6. Certain police calls are considered inherently dangerous and your police partner may respond to the call after dropping you off at a safe place. Follow the procedure outlined by your police partner and wait for a police vehicle to pick you up.
7. You are encouraged to ask questions about police work.
8. DO NOT interfere in any way with the officer's handling of a situation. You may ask questions concerning a specific assignment after it has been completed and you have left the scene.
9. You may observe an event on your Ride Along that may require your appearance in court as a witness.
10. A waiver of liability form is to be executed by you, or in case of a minor, by a parent or a guardian, prior to the Ride Along. In essence, it releases the City of Rockville Police Department and the City of Rockville, Md., from any liability.

NOTE: YOU MUST PRESENT PROOF OF I.D. AT THE TIME OF THE RIDE ALONG
(i.e., driver's permit, MVA I.D. card, birth certificate).

FOR A MINOR (Under 18 Years of Age)

I, _____, do hereby grant permission for
(Parent or Guardian)

_____, to participate in the Rockville City
(Child's Name)

Police Ride Along Program. I recognize that my child will be accompanying a police officer on patrol duty, and I have read the program's guidelines. I hereby waive, on behalf of myself and my child, any right and/or cause of action that I or my child may have against the City of Rockville, Md., or the Rockville City Police Department arising from my child's participation in the Ride Along Program.

(Parent's Signature and Date)

(Child's Signature)

FOR A LAW ENFORCEMENT OFFICIAL

I am currently a law enforcement official with _____
Name of Department/Phone Number

I understand that I am NOT to take any law enforcement action while participating in the Ride Along Program, and that the Rockville City Police Department has not authorized me to take any law enforcement action while I am participating in this program

I hereby waive any right and/or cause of action that I may have against the City of Rockville, Maryland or the Rockville City Police Department arising from my participation in the Ride-Along Program.

(Signature)

(Date)

FOR AN ADULT

I hereby waive any right and/or cause of action that I may have against the City of Rockville, Md., or the Rockville City Police Department arising from my participation in the Ride Along Program.

(Signature)

(Date)

FOR OFFICE USE ONLY

Criminal History/Wanted Check: Date _____ PSCO/Officer _____

Results: _____

**Approved: _____
(Date)**

Team Assigned: _____ Date Forwarded: _____

Date Ride-Along Scheduled: _____

Date Ride-Along Completed: _____

Hours of Ride-Along: _____ Officer Assigned: _____