ROCKVILLE CITY POLICE DEPARTMENT
RIDE-ALONG APPLICATION

NAME (first, middle, last): ______________________________________ D.O.B: ____/____/_______

AGE: _________ RACE: __________ SEX: ☐ M ☐ F

ADDRESS: ____

PHONE NUMBER (H)________________________ (C)__________________________
(W) _______________________

E-MAIL ADDRESS: ____

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. Cameras, video recording devices, and tape recorders are NOT permitted in police vehicles.
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 which could require your appearance in court as a witness.
10. A waiver of liability form is to be executed by you. prior to the Ride-Along. In essence, it releases the City of Rockville Police Department and the City of Rockville, Maryland, 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 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 <u>has not authorized</u> 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, Maryland 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:_______________________________________

RCPD Form #82 (4/24)