MONTPELIER POLICE DEPARTMENT

RIDE ALONG APPLICATION

NAME __________________________ AGE: _____ DOB:__/__/____

DRIVER LICENSE #: __________________________ STATE: ___

PHONE (H) __________________________ (W) __________________________

PHYSICAL ADDRESS __________________________ CITY/STATE/ZIP: __________________________

MAILING ADDRESS __________________________ CITY/STATE/ZIP: __________________________

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IF YOU ARE A CRIMINAL JUSTICE STUDENT ENROLLED IN COLLEGE, PLEASE FILL OUT BELOW:

PREFERRED TIME PERIOD: 1000-1500 _______ 1700-2200 _______

PREFERRED DAY OF WEEK: 1ST CHOICE: _______ 2ND CHOICE: _______

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IF YOU ARE A HIGH SCHOOL STUDENT, PLEASE FILL OUT BELOW. NOTE: A HIGH SCHOOL STUDENT RIDE ALONG WILL NOT EXCEED TWO HOURS AND THE TIME WILL BE ASSIGNED BY THE SHIFT SUPERVISOR.

PREFERRED DAY OF WEEK: 1ST CHOICE: _______ 2ND CHOICE: _______

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BELOW TO BE FILLED OUT BY BOTH COLLEGE AND HIGH SCHOOL STUDENTS:

ARE YOU CURRENTLY UNDER A DOCTOR’S CARE? YES ________ NO ________

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? YES ________ NO ________

HAVE YOU READ AND UNDERSTOOD THE GUIDELINES FOR THE RIDE ALONG? YES ________ NO ________

INDICATE WHY YOU WOULD LIKE TO PARTICIPATE IN A RIDE ALONG:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

NOTE: YOU MUST PRESENT PROOF OF IDENTIFICATION AT THE TIME OF THE RIDE ALONG. (IE DRIVER’S LICENSE, PASSPORT, MILITARY ID, SCHOOL ID, OR ANY OTHER GOVERNMENT ISSUED ID.)

_________________________________  (SIGNATURE OF APPLICANT)

_________________________________  (PARENT OR GUARDIAN IF UNDER 18)  (DATE)

_________________________________  (AUTHORIZED BY)

_________________________________  (BADGE)

_________________________________  (HOST OFFICER SIGNATURE)

_________________________________  (BADGE)

**********PLEASE SEE OTHER SIDE**********
WAIVER OF LIABILITY

I UNDERSTAND THAT LAW ENFORCEMENT WORK IS INHERENTLY DANGEROUS WITH CERTAIN RISKS AND I HEREBY WAIVE ANY RIGHT AND/OR CAUSE OF ACTION THAT I MAY HAVE AGAINST THE CITY OF MONTPELIER, THE MONTPELIER POLICE DEPARTMENT, AND ITS EMPLOYEES ARISING FROM MY PARTICIPATION IN THE RIDE ALONG PROGRAM.

(SIGNATURE OF APPLICANT)   (DATE)

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GUIDELINES FOR RIDE ALONG PARTICIPANTS:

1. Arrange for transportation to and from the police station (not a police vehicle.)

2. In order to comply with Department Policies and Procedures, you MUST utilize the safety belts and other safety equipment in the police vehicle.

3. Audio and video recording is NOT permitted while participating in the ride along program.

4. Certain police calls are considered inherently dangerous and the Police Officer may respond to a call after dropping you off at a safe place. Wait to be picked up by another police vehicle unless told otherwise.

5. You are encouraged to ask questions about police work. However, bear in mind the Police Officer cannot conceivably know about every event that has occurred within the city.

6. DO NOT interfere in any way with the Police 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.

7. Do not volunteer to assist the Police Officer nor involve yourself in any actions the Police Officer may take.

8. You may observe an event on your ride which could require your appearance in court as a witness.

9. The above waiver of liability is to be executed by you, or in case of a minor, by a parent or guardian, prior to a ride along. In essence it releases the City of Montpelier from liability.

10. Your knowledge and observation of events shall be kept in confidence.

02/17 MBP