

Longmont Police Department
RIDE-ALONG APPLICATION

LEGAL NAME _____ DATE _____

ADDRESS _____

DRIVER'S LICENSE OR ID # _____ DATE OF BIRTH _____

PHONE # YOU CAN BE REACHED BETWEEN 8 AM AND 5 PM _____

SECONDARY PHONE # _____ Email _____

ALL RIDE-ALONGS WILL BE SCHEDULED BY PATROL OPERATIONS AND APPLICANTS WILL BE NOTIFIED OF DATE AND TIME TO RIDE AFTER APPROVAL IS OBTAINED FROM THE WATCH COMMANDER OF PATROL SERVICES DIVISION.

INDICATE RIDING TIME DESIRED

PATROL

7:00 am - 9:30 am ☐ 9:30 am - 12:00 pm ☐ 12:00 pm - 2:30 pm ☐ 2:30 pm - 5:00 pm ☐

5:00 pm - 7:30 pm ☐ 7:30 pm - 10:00 pm ☐ 10:00 pm - 12:30 am ☐

TRAFFIC (ALL SHIFTS ARE NOT AVAILABLE ALL DAYS OF THE WEEK)

7:00 am - 9:30 am ☐ 9:30 am - 12:00 pm ☐ 12:00 pm - 2:30 pm ☐

ANIMAL CONTROL (ALL SHIFTS ARE NOT AVAILABLE ALL DAYS OF THE WEEK)

8:00 am - 10:30 am ☐ 10:30 am - 1:00 pm ☐ 1:00 pm - 3:30 pm ☐ 3:30 pm - 6:00 pm ☐

School Resource Officers _____ Dates and times to be determined by supervisor

By invitation with Officer _____ (Name Officer)

Other Division by Special Request _____

Why are you interested in riding with an officer? _____

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OFFICE USE ONLY

1. Application reviewed for completeness by: _____

2. Copy of rules and regulations given to rider _____

3. Rider checked and logged for frequency by _____

4. Clearance and history completed by _____

5. Clear Y ____ N ____ Criminal History Y ____ N ____ *Attach associated paperwork*

6. Approved by Watch Commander _____

7. Date and Time Scheduled _____ Notified by: _____

Beat _____ Officer _____

Citizen completed Ride-Along Yes ____ No ____

WARNING

TO RIDE-ALONG

PARTICIPANTS

Some vehicles **DO NOT** have passenger side air bags activated. If this is a concern to you, you **SHOULD NOT** participate in this program.

If you still wish to participate in the ride-along with this acknowledgement, please sign below. If under 18 years of age, Parent or Guardian MUST sign.

			
Ride-Along Participant	Date	Parent/Guardian	Date

**CITY OF LONGMONT POLICE DEPARTMENT
AGREEMENT ASSUMING RISK OF INJURY AND DAMAGE
WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**

I, _____ request the Longmont Police Department allow me to accompany a member or members of the police department during the performance of their official duties.

I, _____ am the parent and guardian of _____ and I request the Longmont Police Department allow my child to accompany a member or members of the police department during the performance of their official duties.

I do hereby agree:

1. *That I am aware that the work of the Longmont Police Department may be inherently dangerous and that I /my child may be subjected to the risk of death, personal injury, or damage to my property by accompanying a member or members of the department during the performance of their official duties.*
2. *That I voluntarily and knowingly assume for myself/ my child the risk of death, personal injury, or property damage arising from or in any way connected with the use of vehicles; weapons; unlawful acts; or forcible resistance by law violators or suspected law violators; fire; explosion; gas; electrocution; or injury in any other way while accompanying a member or members of the department during the performance of their official duties;*
3. *That the City of Longmont, its officers, agents, and employees shall not be responsible or liable for any injury, damage, loss, or expense, either to me, my child, or my property, incurred while accompanying any member or members of the Longmont Police Department during the performance of their official duties, whether resulting from any negligent act or omission on the part of any member of the Longmont Police Department or any member of the public;*
4. *That the Longmont Police Department is not assuming a special duty to me/my child, and;*
5. *For myself, my child, my heirs, executors, administrators, and assigns to defend and indemnify the City of Longmont, its officers, agents, employees against any and all manner of actions, causes, suits, debts, claims, demands, damages or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine/my child while accompanying any member or members of the Longmont Police Department during the performance of their official duties.*

I hereby represent that I have carefully read and understand the contents of this document and signed the same of my own free will.

CAUTION – YOU ARE WAIVING YOUR LEGAL RIGHTS BY SIGNING THIS DOCUMENT. READ THIS DOCUMENT IN FULL BEFORE SIGNING.

Date	Ride-Along Participant Signature
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Parent/Guardian Signature	Witness
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Address	Phone Number
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EMERGENCY/MEDICAL CONTACT INFORMATION

I authorize the City of Longmont to procure medical treatment for myself/my child in the case of emergency at my own cost and expense. I understand the City will make a reasonable attempt to notify me in the event of an emergency with my child.

Date	Ride-Along Participant Signature
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Parent/Guardian Signature	Witness
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Address	Phone Number
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"OBSERVER PROGRAM"

RULES – REGULATIONS

The guest observer program is being offered to you by the police department. As a ride-along you are expected to strictly adhere to the following instructions in order to safeguard yourself and to minimize the possibility of interference with normal department activities.

1. All observers shall execute a signed waiver of liability. Persons under 18 years of age shall sign the waiver themselves, along with one parent or guardian. This form and the waiver form must be signed and submitted by mail or in person prior to being scheduled for a ride along.
2. Observers are expected at the Safety and Justice Building (225 Kimbark Street) at their scheduled time and will be returned to the station at the conclusion of the shift. Exceptions will be made if the observer desires to be returned to the station prior to the end of the shift. If you are unable to meet your scheduled time, please call 303-651-8555 or 303 651-8501 and notify either the watch commander or the PST desk.
3. Male observers are requested to wear a dress shirt or sport shirt with slacks or nice jeans. Female observers are requested to wear comparable clothing and may elect to wear a dress if appropriate. Remember, whatever clothing you wear, it should be suited for the weather conditions. Audio recorders and / or cameras will not be taken by observers unless previously authorized by the watch commander. No weapons or handcuffs are permitted. Exceptions will be allowed for current or Certified Commissioned Peace Officers.
4. It is desirable to ask questions regarding procedures and activities; however, this must be done at an appropriate time. Observers shall not interfere with the officers' activities at any time.
5. Observers shall not converse with prisoners, suspects, witnesses, or other parties contacted on police business.
6. Observers shall not participate in any police activity unless specifically directed by officers.
7. Observers shall not leave the police vehicle at any time without first obtaining the permission of the officer.
8. **Remember:** You are riding in the capacity of an observer only and must adhere to direction from the officer at all times.
9. You will be asked to complete a form at the conclusion of your ride critiquing the experience.
10. Any time an observer violates a provision in Section 3, 4, 5, 6, or 7, the officer, at his /her discretion, can terminate the ride.

Parent/Guardian Signature
Required for all persons under 18

Ride-Along Participant Signature

Date

Address

Phone Number