

LEAVENWORTH POLICE DEPARTMENT
Ride Along Program

The Leavenworth Police Department is pleased that you have chosen to participate in our Ride Along Program. The purpose of the program is to provide interested police department applicants and certain college students with an insight into the operations of the department. It is our hope that you will find this experience both informative and enjoyable. **Please read the information and guidelines before completing this form.**

Waiver, Release, and Indemnification

I hereby request the privilege of accompanying members of the Leavenworth Police Department while they are on general duty. I understand I waive any and all actions, claims and demands against the City of Leavenworth for all personal injuries, damages or losses of any nature which may result from any such activity and do further release the City of Leavenworth, its officers, agents and employees from any claims, demands or actions arising there from, and agree to save them harmless there from. It is expressly agreed and understood that I will indemnify the City of Leavenworth, its agents, assigns and subrogate in the event of any loss, damage or claims arising from the subject activity. This agreement is made in consideration of my being allowed to accompany Leavenworth police personnel in performance of their duties.

Please Print Legibly

Name: _____ Date of Birth: _____

Previous Names Used: _____

Address: _____ City/State: _____

Previous Address: _____ City/State: _____
(if less than 3 years at current address)

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Drivers License Number: _____ State of Issue: _____

Employer: _____

Have you ever been arrested? Yes No If yes, when? _____

If yes, where? _____ For what? _____

Additional Information:

I affirm that I understand and agree to the above waiver, release and indemnification and release the City of Leavenworth from all liabilities. I also affirm that the above information is complete and accurate, understanding that any errors or omissions are grounds for denial of this application.

Applicant Signature _____ Date: _____

In Case of Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

- All ride alongs are scheduled according to department operational availability.
- We reserve the right to schedule rides accordingly.
- The Police department will make every effort to schedule according to the preferences you list below.
- Application indicates agreement with these rules

Purpose/Reason for ride along _____

Date(s) requested: _____

Day(s) of week requested: _____

Hours requested (4 hour blocks only): _____ Officer(s) requested: _____

OFFICE USE ONLY

Approved By: _____ Approved For Date: _____ Times: ____ to ____

Officer Assigned: _____

Ride Completed: ____ Yes ____ No

Officer Comments: _____

Copies to: Watch Commander
Sergeant (s)
File

LEAVENWORTH POLICE DEPARTMENT

Ride Along Program

Please read the following so you are fully aware of the conditions and circumstances under which this program operates:

- You will be assigned to ride with a police officer of this department. The officer will attend to his/her normal duties and will respond to all calls for service to which he/she is assigned.
- Police officers can be and often are assigned duties which involve danger and serious risks. The officer with whom you are riding is no different. The officer will not avoid or disregard duties which involve emergencies or danger simply because you are accompanying him/her.
- While every effort will be made to ensure your safety, the police officer's first responsibility will be to carry out his/her assigned duties.
- The officer you accompany will be happy to discuss his/her duties and responsibilities insofar as time permits. If some emergency should arise, you must immediately and without question comply with any orders or directions given to you by the officer. This is for your own safety.

GUIDELINES:

- Riders must be scheduled at least one week in advance. Inquiries may be made by telephone but the waiver form must be filled out by the requesting individual at least one week prior to riding.
- The minimum age for the Ride Along Program is 18 years.
- All riders are scheduled for 4 hours during a shift: Day Shift (6:00 AM to 6:00 PM); Night Shift (6:00 PM to 6:00 AM).
- Riders are expected to be neat and clean in appearance. Clothing should be discreetly selected as riders will be in full view of the public. Sweatshirts, shorts, or other types of leisure apparel will not be permitted.
- Rides may be terminated at any time for persons who are unruly, fail to obey instructions, distract an officer from his/her duties or at the discretion of the Shift Supervisor.
- In order to accommodate the greatest number of people, no one will be permitted to ride more than once every 6 months.
- Exceptions may be made for special programs or circumstances at the discretion of the Watch Commander.
- A criminal history check will be completed on each applicant, the results of which may be used to determine whether or not the Ride Along is approved.

NOTICE

This application is not effective until approved. You will be notified by telephone or mail when approval is granted. Thank you for your patience.