

# RIVERDALE PARK POLICE DEPARTMENT

GENERAL ORDER 501

## Ride-Along Application

(Please Print)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

Employed By: \_\_\_\_\_

Choose One Time Period: 10 AM – 6 PM ( ) or 6 PM – 2 AM ( ) Approximately how long do you expect to ride? \_\_\_\_\_

Day of Week Preferred \_\_\_\_\_ or \_\_\_\_\_. Note: You will be notified of the date and time.  
1<sup>st</sup> choice 2<sup>nd</sup> Choice

Are you currently taking medications ( ) and/or under doctor's care ( )? If you checked either, please explain: \_\_\_\_\_

Have you read the Guidelines and understand them? \_\_\_\_\_ Please indicate why you would like to participate: \_\_\_\_\_

After signing in two places below, please present your Driver's License – SMVA card -- or birth certificate. Be prepared to present such I.D. again at the time of your Ride-Along.

\_\_\_\_\_  
Signature of Applicant I.D. checked by Host Officer \_\_\_\_\_ I.D.# \_\_\_\_\_

### WAIVER

*I hereby waive any right and/or cause of action I may have against the Town of Riverdale Park, Maryland or the Riverdale Park Police Department, arising from my participation in the Ride-Along Program. I hereby acknowledge and understand that my name will be checked for a record of criminal history for the purpose of ensuring the safety of all persons concerned. I am aware that the police department is prohibited by laws from disclosing any information resulting from this check.*

\_\_\_\_\_  
Signature of Applicant Date

### FOR 16 or 17 YEARS OLD

*I, \_\_\_\_\_, do hereby grant permission to my child, \_\_\_\_\_, to participate in the Riverdale Park Police Department's 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 my child, any right and/or cause of action that my child or I may have against the Town of Riverdale Park, Maryland or the Riverdale Park Police Department arising from my child's participating in the Ride-Along Program.*

\_\_\_\_\_  
Parent's or Guardian's Signature Minor's Signature

\_\_\_\_\_  
Date

I.D. Checked by: \_\_\_\_\_: Computer Check by: \_\_\_\_\_, findings  
Record ( ) No Record ( )

Ride-Along Date \_\_\_\_\_ and Time \_\_\_\_\_.

Patrol Commander's Approval ( ) or Disapproval ( ) and Signature \_\_\_\_\_  
Patrol Commander

## RIVERDALE PARK POLICE DEPARTMENT

### Guidelines for Ride-Along Participants

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1. Please arrange for transportation to and from the Police Department. You will be required to wear an identification card on your outer most garment during the Ride-Along.
2. Please bring a personal form of identification with you consisting of either a valid driver's permit, State Motor Vehicle Administration identification card, or a birth certificate.
3. Please comply with mandatory safety procedures by using safety belts and other safety equipment in the police vehicle.
4. Be aware that you could observe an event on your Ride-Along which may require you to appear, as a witness, in a court of law.
5. Be aware that the waiver you sign prior to your Ride-Along releases the Town of Riverdale Park and the Police Department from liability.
6. You are encouraged to ask questions about police work. Please keep in mind, that your host officer cannot possibly know about every incident that has occurred in the Town of Riverdale Park. We ask that you do not interfere with your host's officers handling of an incident. Feel free to ask questions once a specific assignment has been completed, and your assigned officer has cleared the incident.
7. Tape recorders are not permitted. Cameras may be used at the discretion of the host officer.
8. Please be aware that certain police calls are considered inherently dangerous, and it may be necessary for the host officer to drop you off at a safe location prior to responding to this type of call. The Communications Center will be advised of your location.
9. The Police Department welcomes your comments about your Ride-Along experience and our program. Please feel free to comment.

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COMMENTS: \_\_\_\_\_

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