

Ride-Along Request/Release Request to Participate

Ineligible

I understand permission to ride in a Columbus Division of Police vehicle is a privilege, not a right. As a condition to this privilege, I agree to:

- a. Conduct myself in a professional manner.
- b. Not interfere in the employee's performance of his/her duty.
- c. Be dressed and groomed in a manner so as not to detract from the professional image of the Division of Police.
 - Business attire that conveys a professional image is required.
 - Denim jeans, T-shirts, tank tops, sweat shirts, athletic shoes, and sandals are prohibited.
- d. Permit a criminal history record and wanted investigation to be conducted.
- e. Not take any photographic or video images using any device, including a cellular telephone.
- f. Cooperate in the event I am subpoenaed by the court regarding actions I may have witnessed or in which I was involved during the ride-along.

Name _____ (Maiden or Other) _____

Gender/Race _____ DOB _____ SSN _____

Address _____

Phone # (Home/Cell) _____ (Work) _____ Occupation _____

Emergency Contact Name _____ Phone # _____

Preferences Precinct _____ Cruiser _____ Officer _____ Shift _____ Date _____

Reason for Request _____

Police Explorer Yes No Police Applicant Yes No Previous Ride-Alongs Yes No

Date(s) _____

Prior Arrest(s) _____

Charge(s)

Date(s)

Location(s)-City/State

All information provided in this form is true and accurate to the best of my knowledge.

Participant's Signature

Background Checks

Completed by: _____
Name Badge/IBM Assignment Date

- Burroughs-Wants & Warrants (attach computer printout)
- OHLEG
- LEADS
- Electronic Reporting System
- Courtview
- Common Pleas
- IDVue

Comments:

Administrative Office Checks

- No Ride-Along List
- Two Ride-Alongs already completed during calendar year
- *Bureau commander's approval for deviation from two rides per year: _____
- Unusual past occurrences

Current Request: Approved Denied

Patrol Administration Sergeant Signature

IBM

Date

This form is to be returned to the Patrol Administration Sergeant upon completion of the Ride-Along Program

U-10.119 (07/15)

This section to be completed by the approving Columbus Division of Police supervisor

Assigned to: Cruiser _____ Precinct _____ Hours _____ : _____ AM/PM to _____ : _____ AM/PM

Officer _____ Date _____

Supervisor's Signature _____ Date _____

Unusual Occurrences:

Release from Liability

I, _____, acknowledge by signing this release that I am aware that riding in a Columbus Division of Police vehicle and accompanying a Columbus Police employee while performing his/her duties carry some inherent risks. The nature of police work itself means that I might become involved in a dangerous situation, a vehicular pursuit, or other type of incident in which I may be hurt or my property damaged. I realize that being with a police employee does not protect me from these or any other dangers.

Understanding this, for myself and my heirs, in consideration of my being permitted to participate in the Ride-Along Program, I forever discharge and save harmless all employees of the Columbus Division of Police and the City of Columbus, Ohio from any and all actions, claims, damages, or injuries arising out of, or resulting from, any incident occurring while riding in a vehicle owned or operated by the City of Columbus, or while engaged in any aspect of the Ride-Along Program in which I am requesting to participate, during a period of time commencing at _____ AM/PM on the _____ day of _____, 20____, and terminating at the conclusion of my participation in the Ride-Along Program.

In witness whereof, I have set my signature this _____ day of _____, 20____.

Signatures (required)

Participant

Witness (Name & Badge/IBM Number)

Parent/Legal Guardian of Police Explorer

Witness (Name & Badge/IBM Number)

