

Ride-Along Information and Instructions

The purpose of the Ride-Along Program is to provide interested adult civilians and members of the Columbus Division of Police Explorers or other Division-approved youth program an opportunity to observe the daily operations of the Division.

1. Individuals participating in the Ride-Along Program shall fill out the Ride-Along Request/Release, form U-10.119, except City of Columbus officials/employees riding in an official status.
2. Participation in the Ride-Along Program shall generally be limited to two times per year per participant, unless approved by a commander or higher.
3. An individual's request to ride-along may be disapproved for:
 - a. Excessive participation in the program.
 - b. The individual's criminal record.
 - c. Prior problems with the individual.
 - d. Inappropriate dress.
 - e. Any other just cause.
4. Be dressed and groomed in a manner so as not to detract from the professional image of the Division of Police.
 - a. Business attire that conveys a professional image is required.
 - b. Denim jeans, t-shirts, tank tops, sweat shirts, athletic shoes, and sandals are prohibited.
5. Camera crews or photographers in an official capacity shall be prohibited from participating in the Ride-Along Program.
6. Individuals participating in the Ride-Along Program shall be prohibited from carrying cameras. Individuals shall be prohibited from taking any photographic or video images during the Ride-Along Program.
7. Sworn personnel shall advise citizens encountered during the tour of duty of the presence of any Ride-Along Program participant and if they are employed by a media outlet.
8. Sworn personnel shall not allow the Ride-Along Program participant to enter a private residence or business without the owner's permission.

Please read the Ride-Along Request/Release, form U-10.119, in its entirety to ensure an understanding of what is expected of the participant. If you have questions regarding the Ride-Along Program or need help filling out the form, please contact the Columbus Police Recruiting Unit at **(614) 645-4642**, Patrol Administration Unit at **(614) 645-4580**, or email RideAlong@columbuspolice.org.

The completed Ride-Along form can also be emailed to RideAlong@columbuspolice.org or mailed to 120 Marconi Blvd, Columbus, Ohio 43215 Attn: Ride-Along.

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:

- Conduct myself in a professional manner.
- Not interfere in the employee's performance of his/her duty.
- 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.
- Permit a criminal history record and wanted investigation to be conducted.
- Not take any photographic or video images or audio recordings using any device, including a cellular telephone.
- 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.
- Not be in possession of any firearm or other weapon unless I am a sworn law enforcement officer from another agency.

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 _____

CPD 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

Required Background Checks

Completed by: _____

Name

Badge/IBM

Assignment

Date

☐ Burroughs-Wants & Warrants

☐ LEADS

☐ Electronic Reporting System

☐ Courtview

☐ Common Pleas

☐ MugShots

☐ BCI-CCH ☐ Record ☐ No Record

Verified by PRT#: _____

Comments:

Administrative Supervisor 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/Precinct Sergeant Signature

IBM

Date

This form is to be scanned and saved to the appropriate Patrol S: \Admin_Patrol\Ride-Along Logs folder upon completion of the Ride-Along Program.

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)

