

# Ride-Along Request/Release

## Request to Participate

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.
  - Dress acceptable to the business world is required.
  - Denim jeans, T-shirts, tank tops, sweat shirts, athletic shoes, and sandals are forbidden.
- d. Permit a record and wanted check investigation to be conducted on me.
- e. Not take any photographic or video images using any device, including a cellular telephone.

Name \_\_\_\_\_ (Maiden or Other) \_\_\_\_\_

Gender / Race \_\_\_\_\_ / \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Phone # (Home/Cell) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferences: Precinct \_\_\_\_\_ Cruiser \_\_\_\_\_ Officer \_\_\_\_\_ Hours \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Request: \_\_\_\_\_

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

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 (Mark all completed)

Completed by: \_\_\_\_\_  
Name \_\_\_\_\_ Badge/IBM \_\_\_\_\_ Date \_\_\_\_\_

- Burroughs-Wants & Warrants (attach computer printout)    Comments: \_\_\_\_\_
- OHLEG \_\_\_\_\_
- LEADS \_\_\_\_\_
- NetRMS \_\_\_\_\_
- Courtview \_\_\_\_\_
- Common Pleas \_\_\_\_\_
- IDVue \_\_\_\_\_

### 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

\_\_\_\_\_  
Administrative Sergeant Signature

\_\_\_\_\_  
IBM

\_\_\_\_\_  
Date

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

This section to be completed by 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**

By signing this release, I, \_\_\_\_\_, acknowledge 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 chase, 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 \_\_\_\_\_ a.m./p.m. 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)

*Please call the Patrol Administration Office at (614) 645-4580 for Submission Instructions*

