



City of East Ridge
Police Department
Request for Ride-Along

Date of Request: _____

Full Name: _____ Date of Birth: _____

Other names used: _____ Sex _____ Race _____

Home address: _____

E-Mail Address: _____

Home Telephone: _____ Work Telephone: _____

Employer: _____

☐ Sworn Law Enforcement ☐ Civilian ☐ Non-Sworn Law Enforcement ☐ Civilian Non Law Enforcement

Requested Date for Ride Along: 1st Choice: _____ 2nd Choice: _____

Social Security Number (Required for Background Check) _____

Reason for participation in Ride-Along Program: _____

Background Information:

Have you ever been arrested for, or convicted of a crime: ☐ Yes ☐ No

2. If yes, what was the crime with which you were charged and/or convicted of _____

3. What was the outcome? _____

4. Are you presently on parole and/or probation? ☐ Yes ☐ No

Your information will be verified prior to your participation in the program. Felony or serious misdemeanor arrests may prevent your participation in the program. I understand that false statements will disqualify me from participation in the Ride-Along Program.

ALL RIDE-ALONG REQUESTS MUST BE APPROVED PRIOR TO THE DATE OF THE RIDE-ALONG BY A LIEUTENANT OR ABOVE. A COPY OF THE RIDE-ALONG FORM SHOULD BE RETURNED TO THE ASSISTANT CHIEF.

Signature: _____ Date: _____

Approved By: _____ Date: _____

Rules and Regulations of the Ride-Along Program
You Must Be At Least 21 Years of Age To Participate In The Ride-Along Program

1. **DO NOT** carry any weapons. (Waived For Sworn Law Enforcement)
2. Do not engage in physical confrontations
3. Do not drive any City of East Ridge vehicles.
4. Do not discuss criminal records or police reports with anyone, either during or following your ride-along.
5. Do not direct traffic. (Waived for Sworn Law Enforcement ONLY)
6. Do not serve as an undercover agent.
7. Arrive at least 15 minutes prior to your assigned ride-along.
8. DO what the officer instructs you to do. Your safety is a primary concern to the officer, the East Ridge Police Department, and the City of East Ridge.
9. Wear appropriate clothing for your ride-along. You are a reflection of the officer and the police department during your ride-along. Inappropriate clothing will result in your denial to ride-along.

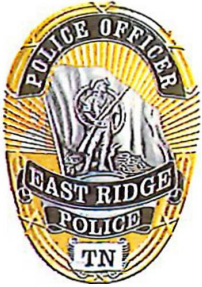
Failure to abide by these rules and regulations will disqualify you from future participation in the Police Department Ride-Along Program.

When you report for your scheduled ride during regular business hours, Monday-Friday 0700- 1600 hrs, come in the main entrance to the Public Safety building and inform the office staff that you are here for the Ride-Along Program. After hours and on weekends, use the RED PHONE to advise the operator that you are here for the Ride -Along Program.

*Due to recent US Supreme Court decisions, the East Ridge Police Department has adopted a policy which prohibits citizens and members of the media from accompanying police officers onto private property while participating in the Ride- Along Program.

Please read and sign below to signify your understanding of these rules and regulations as they pertain to the East Ridge Police Department's Ride-Along Program.

Signature: _____ Date: _____



EAST RIDGE POLICE DEPARTMENT

4214 Ringgold Road ♦ East Ridge, TN 37412

Police Administration
(423) 867-3718
Fax (423) 867-9418

Clint Uselton
Chief of Police

POLICE "RIDE ALONG" PROGRAM

RELEASE AND WAIVER OF LIABILITY

In consideration of being allowed to participate in the police along program by the City of East Ridge. I assume all risk of personal injury or death and property damage or loss from whatever causes arising while I am participating in the program. This includes injuries, death, or damage arising while I am on the property of the municipality in preparation for or anticipation of my participation in the ride-along program and causes arising while I am approaching, entering, riding in, disembarking from, leaving, or being about any police vehicle of the municipality, or while on stand-by status at any police station. I release the municipality, its officers, employees, agents, and servants from any such liability therefore, and will indemnify and save harmless the City, its officers, employees, agents, and servants from any liability.

As further consideration for being allowed to participate in the ride-along program, I will indemnify and save the City, its officers, employees, agents, and servants harmless for personal injury or death and property damage or loss to others for which my actions were a proximate cause while I am participating in the program. I knowingly assume all responsibility and liability for my own actions while I am participating in the ride-along program. I will not in any way release any or all information relating to any patient, citizen, employee, agent, or servant, unless it is incorporation with a Police investigation.

Participant (Signature)

Witness (Signature)

Participant (Print Name)

Witness (Print Name)

Police Chief Signature for Approval

Date

City Manager Signature for Approval

Date
