



THE MARYLAND-NATIONAL CAPITAL PARK POLICE

Prince George's County Division



RIDE ALONG APPLICATION AND WAIVER (PLEASE PRINT)

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____

Social Security Number: _____ Phone: _____

Emergency Contact Person: _____
(Name) (Relationship) (Phone)

Referred by: _____ Preferred date/time: _____

Section/Unit I want to ride with: _____

I have read and understand the rules of the Maryland-National Capital Park Police, Prince George's County Division, Ride Along Program (see reverse side). I understand that these rules were established for my safety and I agree to abide by them. I understand that should I violate any of these rules during my participation this action will result in the immediate termination of the ride along.

I hereby release and hold harmless the Maryland-National Capital Park and Planning Commission, the Maryland-National Capital Park Police, Prince George's County Division, and their agents and representatives for any and all liability for damages or injury resulting from my/my child's participation in the Ride Along Program.

Authorization for Criminal History Check

I hereby give my consent for a full and complete disclosure of records of: complainants, arrest, trials and convictions of alleged or actual violations of law including criminal and traffic violations. I understand that any information obtained by the Maryland-National Capital Park Police through this criminal history check, developed directly or indirectly, in whole or in part, upon my signature of this release authorization, will be considered in determining my suitability for the Ride Along Program.

Participant's Signature _____ Parent or Guardian (if under 18 years old) _____ Date _____

AFFIDAVIT

Before me personally appeared the said _____ who stated that he/she executed the above authorization of his/her own free will and accord and with the full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____, _____

SEAL

Notary Public

My Commission expires _____

PARTICIPANT RULES

1. The Division's Ride Along Program is available to persons sixteen (16) years of age or older. Persons under the age of eighteen (18) must have parent or guardian permission. No one may ride more than once every three (3) months without the permission of the Director of Field Operations.
2. All participants shall be required to complete and sign the Ride Along Application and Waiver form.
3. All participants shall be scheduled for a four (4) hour period at the Division's convenience.
4. Participants shall wear proper casual dress attire, such as slacks and a shirt or blouse. T-shirts or shorts are NOT permitted.
5. In the case of a potentially dangerous or hazardous call, participants shall be dropped off at a safe location and arrangements made for their pick up by another available unit.
6. Participants shall not become involved in any situation except at the officer's request.
7. Participants shall remain in the police vehicle unless advised otherwise by the officer.
8. Participants shall comply with the officer's instructions at all times.
9. Participants shall not carry weapons of any type. Certified law enforcement officers with credentials may carry their approved weapon, only if they have received written approval from the Director of Field Operations.

Office Use Only

Participant's Name: _____

Date Received: _____ 10-29 Results (attached): _____

Date Approved: _____ By: _____
Director of Field Operations

Participant Notified By: _____ Date: _____

Officer Assigned: _____ Date/Tour Worked: _____

Officer's Comments: _____

Is there any reason why this person should not be allowed to participate again? _____
