



Ride Along Rules, Regulations, and Guidelines

Dear Ride-Along Applicant:

If you are at least 15 years of age, you are welcome to apply for a ride-along by carefully reading and completing this Ride Along Request form. If you are under 18 years of age, you must have a parent or legal guardian sign the Parental Consent Release.

Submit your completed form to the Community Outreach Officer normally two weeks in advance of your planned ride-along.

As part of this Program, you agree to undergo a comprehensive police records check.

As a participant in the Hilliard Division of Police Ride-Along Program (the "Program"), I understand and accept the following rules, regulations, and risks associated with my participation in the Program.

- A. I understand that by participating in the Program I may be exposed to various dangers associated with the duties of a police officer and to situations in which my personal safety is at risk.

This may include, but is not limited to: high speed chases, criminals carrying weapons, crime and accident scenes, other situations which may be emotionally or mentally disturbing, domestic disturbances, mentally ill and/or violent individuals, the blood of others, exposure to infectious diseases, drugs and other situations associated with the duties of a police officer. I voluntarily accept these risks.

- B. Although the City of Hilliard, its officers, and employees will endeavor to take reasonable precautions to ensure my safety, I understand that their primary duty and responsibility is to perform the functions associated with their positions as police officers.

- C. I understand that it is within the discretion of the police officer who I am accompanying to require me to leave the police cruiser at a reasonably safe location at any time during my participation in the Program if, while responding to a call, the officer determines that it is in my best interest not to further accompany the officer to their destination. I hereby release and hold harmless all parties participating in any way in the Ride-Along Program from any liability and damages which may arise as the result of the officer's decision requiring me to leave the police cruiser at an undesignated location.

- D. I understand that my participation in the Program may be terminated at any time by the Chief of Police, the shift supervisor, or the officer involved in the Program. I understand that I may not carry any weapon or object intended to be used as a weapon while participating in the Program, unless currently certified as a police officer and authorized to carry a weapon.

- E. I understand that I shall treat detailed information that I may receive from reports, officers, victims, or while observing during the ride-along as confidential. By releasing confidential information, I understand that I may be committing a crime, and may be subject to legal action or prosecution.

- F. I agree not to use this Program for any illegal or improper purpose.

- G. Below is a list of responsibilities you accept as part of your ride-along:

1. The ride-along participant will remain in, or return to, the police vehicle or move to a safe location in dangerous or sensitive situations (i.e., homicide, sex crimes, deaths, etc.).
2. The ride-along participant will not enter and/or remain in a major crime scene.

3. The ride-along participant will limit their movements to places open to the public and places they have permission to enter.
4. The ride-along participant will comply with all directions given by all police officers.
5. The ride-along participant will avoid operating equipment, unless an officer's safety is at risk or they receive an officer's permission.
6. **The ride-along participant will be an observer only.** The participant will not become involved verbally or physically unless the officer's safety is at risk or they are directed to do so. The City of Hilliard will not be liable for a ride-along participant's unauthorized interventions.
7. The ride-along participant must be in appropriate civilian clothing, i.e., collared shirt, blouse or jacket, slacks and shoes. Sandals, t-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted.
8. During the ride-along, the ride-along participant shall not carry a firearm, knife, chemical spray, or any object intended to be used as a weapon even if they have a concealed weapons permit. This does not apply to certified peace officers.
9. The ride-along participant shall treat information received from reports, officers, victims, or observed as a rider as confidential. By releasing confidential information, the participant may be committing a crime, and may be subject to legal action or prosecution.
10. Under no circumstance shall a ride-along participant be permitted to enter a private residence with an officer without the express consent of the resident or other authorized person.
11. The ride-along participant may ask to terminate the ride at any time.
12. The ride-along participant will not participate in the Program if under the influence of legal or illegal drugs.

Acknowledgment and Release

I understand that the nature of this Program may place me in situations where my personal safety would be at risk. I acknowledge this and I understand and accept said risk voluntarily and further agree to release and hold harmless all parties participating in any way in said Program including, but not limited to, the City of Hilliard, its elected and appointed officers and employees, from any liabilities or damages, both civil and criminal, which may arise during my participation in the Program, regardless of any negligence involved. **I have read, understand, accept and will abide by the guidelines, rules and regulations.**

I also give permission for the Hilliard Division of Police to conduct a background investigation to establish my acceptability for participating in this Program. I understand that I may be denied participation in the Program at any time and for any reason.

I hereby make application to participate as an observer in the Hilliard Division of Police Ride-Along Program. This program consists of riding with a Hilliard police officer only during days and hours designated and authorized by the Chief of Police.

Participant Name (Printed):

Signature:

Date:

Parental Permission if Under 18

Parent/Guardian Name (Printed):

Parent Signature:

Date:

Ride-Along Request		
Today's Date:	Month/Year of Last Ride-Along:	
Date You Are Requesting:	Beginning Time:	Ending Time:
Last Name:	First Name:	M.I.:
Address:		
City:	State:	Zip:
Primary Phone:	Email:	
DOB:	OLN:	
Affiliation: <input type="checkbox"/> Agency Volunteer <input type="checkbox"/> Explorer <input type="checkbox"/> Peace Officer <input type="checkbox"/> Blockwatch Member <input type="checkbox"/> Intern <input type="checkbox"/> Student <input type="checkbox"/> C.P.A. Student or Alumnus <input type="checkbox"/> Media <input type="checkbox"/> Other _____ <input type="checkbox"/> City Employee <input type="checkbox"/> Spouse/Family Member		
Reason for the Ride-Along: (What is the reason for your ride-along request and what do you hope to gain? School/class, interested citizen, etc.)		
Emergency Contact:		
Emergency Contact Address:		
Emergency Contact Primary Phone:	Emergency Contact Secondary Phone:	
For Administrative Use Only		
OHLEG or Officer Identification Attached:	Checked By:	
Sgt/Command Staff Approval:		
Assigned To:	Date:	
_____ Initials of Officer who reviewed Ride-Along Procedures/Rules with rider.		
_____ Initials of Officer who forwarded signed liability waiver to Community Outreach Unit.		
Assigned Officer Signature:		
Assigned Officer Comments:		

Routing: Completed by Participant – Community Outreach Unit or Supervisor – Command Staff – Shift Supervisor – Assigned Officer – Community Outreach Unit