



**SUMMIT POLICE DEPARTMENT
RIDE ALONG APPLICATION**

Complete this application in its entirety. Print or write legibly. You will receive notification of your scheduled date and time.

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Telephone _____

Address _____ City _____ State _____

Place of Employment or School _____

Why do you want to ride? _____

Have you been on a previous ride along? No Yes If yes – Please provide Dates and Times

What Date and Time are you available to ride? _____

Signature _____

POLICE DEPARTMENT USE ONLY

Date and Time Scheduled to Ride: _____

Watch or Officer Assigned to: _____

Ride Along is: Approved Denied (List Reason)

Supervisor Signature _____

Critique or Reason why Applicant's ride along was revoked _____

VILLAGE OF SUMMIT POLICE DEPARTMENT

Ride-Along Program Release of Liability Form

I, _____, do hereby release the Summit Police Department and all its officers and members from any liability resulting from any injury I might receive as a result of riding with a police officer in a police vehicle which is the property of the Summit Police Department.

I have also been informed of the possible dangers associated with law enforcement work and understand completely that there are dangers involved in riding in a police vehicle in which a police officer is on patrol, issuing traffic citations, responding to various types of crimes or calls for service, and making physical arrests when necessary.

I also certify that I understand and will abide by the rules associated with the Ride-Along program. Among those rules are the following:

1. Riders will remain in the police vehicle at all times unless otherwise instructed by the officer with whom they are riding.
2. Riders will not communicate with anyone who is the subject of a police investigation, who is being arrested, or who is otherwise involved with the police in any way.
3. Riders will not carry or attempt to use any type of weapon.
4. Riders will follow instructions of the officer with whom they are riding.
5. Riders will be required to exit the car at a safe location when the officer is responding to an extremely hazardous situation.

Signature of Rider _____ Date _____

Signature of Parent (if applicable) _____ Date _____

Signature of Officer _____ Date _____