



TOWN OF CHESWOLD POLICE DEPARTMENT
RIDE-ALONG
REGULATIONS, APPLICATION, AND WAIVER FORM



Regulations

1. The ride-along is an **observer only**, and should not become involved in or interfere with any situation, either physically or verbally.
2. Ride-alongs should be dressed in either business attire or neat, clean, casual attire. Jeans, shorts, spandex, leggings, T-shirts and sweats are not acceptable.
3. Participants will not be allowed to carry a weapon while on a ride-along, despite current concealed weapon laws.
4. Cameras and tape recorders are not permitted.
5. Ride-alongs will be allowed to observe as much of any situation as is possible, consistent with their safety; however, they may not leave the police vehicle unless given permission to do so by the officer. In compliance with a Supreme Court Ruling ride-alongs are prohibited from entering any private residence for any reason.
6. Ride-alongs must pay for their own food and beverages. If at all possible, they will be given an opportunity to eat a meal; however, this will depend on the level of calls for service.
7. The officer may terminate the ride if the participant fails to follow the regulations or is acting in a manner inconsistent with the best interests of the police department.
8. The participant may request that the ride be terminated at any time. The participant will be returned to the station as soon as the officer determines it is practical.

WAIVER AND RELEASE OF CLAIM

As a condition precedent to being permitted to ride as a Ride-Along Observer in a vehicle or vehicles operated by any officer or person employed by the Town of Cheswold Police Department, Cheswold, Delaware, I the undersigned, waive any claim I may have against the Town of Cheswold Police Department, Cheswold, Delaware, and the officers, agents and employees of Town for any loss of life, bodily injury, property damage or any other claim whatsoever that I may sustain as a result of riding as such Ride-Along Observer. I further agree that this waiver of liability by me is binding on my legal representatives, heirs and successors, and shall have the same legal effect as I have agreed to herein.

SIGNATURE OF PARTICIPANT _____

PRINT NAME _____

SIGNATURE OF WITNESS _____

Please fill out the Application on the back page.

Ride-Along Application

NAME _____ DATE OF BIRTH _____ RACE ____ SEX ____ AGE ____
(Please Print)

HOME ADDRESS _____ CITY, STATE, ZIP _____

SOCIAL SECURITY # _____ HOME PHONE # _____

BUSINESS NAME _____ BUSINESS PHONE # _____

IN CASE OF EMERGENCY NOTIFY: _____ PHONE # _____

RIDING TIME DESIRED: *(CHECK ONE)* DAY SHIFT EVENING SHIFT MIDNIGHT SHIFT

REPORTING TIME _____ DAY OF WEEK DESIRED _____ 2ND CHOICE _____

HAVE YOU PARTICIPATED IN A CPD RIDE-ALONG WITHIN THE LAST 12 MONTHS? YES NO

WHAT PROMPTED YOUR INTEREST IN THE RIDE-ALONG PROGRAM? _____

(Town of Cheswold Police Department Use Only)

TO BE COMPLETED BY CHIEF OF POLICE

COMPUTER CHECK MADE _____ NO RECORD RECORD ATTACHED
(Date)

APPLICANT NOTIFIED BY _____ DATE _____

DATE AND TIME SCHEDULED RIDE-ALONG _____

ASSIGNED TO OFFICER(S) _____

APPROVED DISAPPROVED TERMINATED

TO BE COMPLETED BY OFFICER

WOULD YOU RECOMMEND THE INDIVIDUAL BE ALLOWED TO RETURN FOR ANOTHER RIDE-ALONG?

YES NO EXPLAIN _____

CHIEF OF POLICE OR
LEIUTENANT SIGNATURE _____ DATE _____