



Ride-Along Rules, Regulations, and Guidelines

Dear Ride-Along Applicant:

Upper Arlington residents and students and at least 16 years of age are welcome to apply for a ride-along by carefully reading and completing this Ride-Along Request form and application. If you are under 18 years of age, you must have full parental or legal guardian consent and the release signed by all parties.

The Upper Arlington Police Ride-Along program is open to non-residents under the following circumstances: Law Enforcement or Criminal Justice students who are currently enrolled in a post-secondary accredited institute which requires a ride-along component; Members of criminal justice related agencies who are participating in the course of their employment; or those having specific interest in the Upper Arlington Police Division such as Police Officer applicants, Upper Arlington Citizen Police Academy members, City of Upper Arlington employees, or others at the discretion of the Chief of Police or designee.

Submit your completed form to the Ride-Along Program Coordinator at least two weeks in advance of your planned ride-along. There is a four-hour time limit on ride-along. Participation is limited to two times per year/per participant. Minors will only be permitted to ride during daytime hours.

As part of this Program, you agree to undergo a comprehensive police records check. Participants shall not have been convicted of a felony or serious criminal or traffic offense; have pending or imminent criminal case or civil matter against the City of Upper Arlington; be the respondent of an order for protection within in the past 3 years; or be under active court supervision or involved in a pending criminal case. The City will attempt to accommodate interested persons based on staff availability, however any applicant may be disqualified without cause.

As a participant in the Upper Arlington Police Division 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 Upper Arlington, 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 understand as a ride-along participant/observer I shall not perform any law enforcement functions above those normally required by citizens.
- G. I agree not to use this Program for any illegal or improper purpose.

Below is a list of restrictions you accept as part of the ride-along experience:

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 Upper Arlington will not be liable for a ride-along participant's unauthorized interventions.

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.).

The ride-along participant will remain in the police vehicle during traffic stops.

The ride-along participant will not interview any victims, witnesses or suspects, handle evidence or enter/remain in a major crime scene.

The ride-along participant will limit their movements to places open to the public and places they have permission to enter.

The ride-along participant will comply with all directions given by all police officers.

The ride-along participant will avoid operating equipment, unless an officer's safety is at-risk, or they receive an officer's permission.

The ride-along participant must be in appropriate civilian clothing, i.e., collared shirt, blouse or jacket, slacks and shoes. Sandals, tank tops, shorts and ripped or torn blue jeans are not permitted.

During the ride-along, the 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, who have been approved to carry by the Chief of Police.

The ride-along participant shall not share, copy, photograph or disseminate information received from reports, officers, victims, or observed as a rider without prior approval. By releasing confidential information, the participant may be committing a crime, and may be subject to legal action or prosecution.

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.

The ride-along participant may ask to terminate the ride at any time.

The ride-along participant will not participate in the Program if under the influence of legal or illegal drugs.

Ride-Along Request			
Month/Year of Last Ride-Along:		<input type="checkbox"/>	Check if no prior ride-along with UAPD
Date(s) You are Requesting:	Beginning Time:	Ending Time:	
Participant's Last Name:	First Name:	M.I.	
Participant's Address:			
City:	State:	Zip:	
Primary Phone:	Email:		
DOB:	Participant is a(n):	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
			OLN:
Affiliation:			
<input type="checkbox"/> Agency Volunteer	<input type="checkbox"/> NRECC	<input type="checkbox"/> Peace Officer	
<input type="checkbox"/> Community Member	<input type="checkbox"/> Intern	<input type="checkbox"/> Student/Explorer	
<input type="checkbox"/> UA CPA Participant or Alumnus	<input type="checkbox"/> Media	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> City of UA 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:	
Agreement			
<p>I certify that the statements made on this form and on my application are true and correct and have been given voluntarily. I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Upper Arlington from any liability whatsoever for supplying such information. I understand that I/my child will not be paid for services as a volunteer. I also understand that completing this application does not necessarily guarantee enrollment in a program/activity or for selection as a volunteer or employee for UAPD.</p>			
Waiver and Release Upper Arlington Police Division (UAPD)			
<p>I recognize and acknowledge that by participating in a police car ride-along, or participating/observing other activities associated with UAPD, there are certain risks involved in all these activities. I agree to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I, my child or a child for whom I am the legal guardian, may sustain as a result of participating in one or more of the activities identified above, and that I, on behalf of myself and/or my minor child (or the child for whom I am the legal guardian), agree to indemnify, defend and hold the City of Upper Arlington harmless thereon.</p> <p>I also certify that I am/my child is in the appropriate physical and mental condition to participate in the ride-along. While participating, I understand and agree that I am responsible for monitoring my own physical and mental condition to determine my capabilities throughout the length of the program or activity, and I agree to indemnify, defend and hold the City of Upper Arlington harmless thereon for any accidents or incidents (including physical injury, death, loss of services/consortium) that occur as a result of acts for which I determined that I, and/or that of my minor child or the child for whom I am the guardian, was physically and/or mentally capable of performing.</p> <p>I understand that this Agreement is intended to be as broad and inclusive as permitted by the laws of the state of Ohio and that if any portion of this is invalid, the remainder will continue in full legal force and effect. I have carefully read and voluntarily sign this Waiver and Release of all claims and fully agree and understand that its contents and meaning as a full waiver and release of all claims and liability against the City, its elected officials, officers, agents, servants, employees, volunteers and insurers.</p> <p>Finally, I grant full permission to the City to use any photographs, videos, or recording of myself, my child or minor for whom I am the legal guardian while participating in an UAPD program or volunteering for any purpose.</p>			
Adult	Signature of Applicant:		Print Applicant's Name:
	Applicant's Phone:		Date:
Minor / Guardianship	Signature of Parent/Guardian:		Print Parent/Guardian's Name:
	Guardian's Phone:		Date:
	Minor Child's Name (Print):	Address:	Phone:

For Administrative Use Only

Background Check (Mark all completed): RMS OHLEG UAPD INTERNAL (RECORDS/ IA)
UA City: CMO CAO HR Local Court Check: Courtview (FCMC) FC Common Pleas

Checked By: _____

Comments/Notes:

Administrative Office Check:

Date: _____

No-Ride-Along List Unusual Past Occurrences _____

Two Ride-Alongs already completed during calendar year *Chief's approval for deviation from 2 rides per year _____

Current Request: Approved Denied by _____ forwarded to Sergeant/Ride-Along Coordinator: _____

Ride-Along Assignment:

Officer _____ Date: _____ Hours: _____ to _____

Assigned Officer/Shift Supervisor Comments (list any unusual occurrences):

_____ Initials of Officer who reviewed Ride-Along Procedures/Rules with rider.

FORWARD COMPLETED FORM WITH WAIVER TO THE RIDE-ALONG COORDINATOR AT THE CONCLUSION OF THE RIDE-ALONG