

# **Clarkston Police Department**

**3921 Church Street**

**Clarkston, Georgia 30021**

**404-292-9465**



***Ride-Along Application***

## **CLARKSTON POLICE DEPARTMENT RIDE ALONG PROGRAM**

### **PURPOSE:**

The purpose of the Clarkston Police Department Ride-Along Program is to encourage community involvement in law enforcement and to educate the public by opening up the lines of communication within the community by allowing interested residents to ride as passenger observers with patrol officers. The Ride-Along program promotes a better understanding of the challenges, risks and rewards of the police officer's role in the community. We thank you for your interest in our Ride-Along program and encourage questions, comments, and suggestions about this program and the Clarkston Police Department.

### **ELIGIBLE PARTICIPANTS:**

1. Visiting dignitaries or officials.
2. Police officers from other jurisdictions.
3. College or university law enforcement students residing in the City of Clarkston engaged in research or fulfilling project or program requirements.
4. Concerned citizens residing within the City of Clarkston police jurisdiction.
5. Other members of the criminal justice system.
6. Police Officer applicants.

### **APPLICATION PROCEDURE:**

***Applicants must complete the Ride-Along application and submit the completed application to:***

**Clarkston Police Department  
3921 Church Street  
Clarkston, GA 30021**

If you have any questions please call 404-292-9465 during regular business hours, Monday-Friday.

## CLARKSTON POLICE DEPARTMENT RIDE ALONG PROGRAM

### RULES AND GUIDELINES:

1. All persons wishing to participate in the Ride-Along program must be a minimum of 18 years old.
2. All participants in the Ride-Along Program must read, agree, and abide by all rules and guidelines and complete the Ride-Along application and the "Covenant Not to Sue, Promise to Release" waiver form before the Ride Along.
3. Participants must have a valid photo ID or driver's license with them when reporting for their scheduled ride-along.
4. Participants must be dressed in clothing appropriate for contact with the public (no shorts, halter tops, t-shirts, or flip-flops). If a participant shows up for their ride and they are not in appropriate clothing they will be denied participation in the ride-along program.
5. Participants shall be considered an observer only, and shall be under the direct supervision of the assigned officer during the ride-along.
6. Participants shall conduct themselves in a civil and courteous manner at all times.
7. Participants must wear their seat belts at all times while in the patrol car.
8. Participants must remain in the patrol car unless instructed to leave by an officer.
9. In the case of a potentially dangerous or hazardous call, participants may be dropped off at a safe location. If this occurs, the officer will give the participant specific instructions and arrange to have them picked up by another officer. Please note that this is for the rider's safety.
10. Participants must not become involved in any incident the officer is handling. This includes discussions of an incident with victims, witnesses, or suspects.
11. No tape recordings, cameras, or similar devices are allowed without prior approval from the Chief of Police or his/her designee.
12. For security and safety reasons, participants are not allowed to handle or use any of the officer's equipment or the equipment in the patrol vehicle.
13. Failure to comply with any of the above listed rules and guidelines will result in the immediate termination of the ride-along.

I, \_\_\_\_\_ have read, understand, and agree to follow the above rules and guidelines pertaining to the Clarkston Police Department Ride-Along Program.

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Applicant's Signature / Date

**COVENANT NOT TO SUE, PROMISE TO RELEASE**

**RELEASE OF LIABILITY**

**ADULT APPLICANT'S CONSENT**

In consideration of permission which I have received to accompany one or more police officers of the Police Department, City of Clarkston, Georgia, a municipal corporation, in the course of his or their duty. I the undersigned hereby release the City of Clarkston, its police officers, public officials, officers, servants, employees from any and all liability, claims, demands, actions and causes of actions which I may hereafter have on account of any and all injuries to me or to my property, or my death, arising out of or related to any happening or occurrence while I am accompanying any officer or officers of the Clarkston Police Department on duty, or incidental thereto, and for the same consideration, I promise to release, and covenant not to sue the said City and the said persons, and agree to forever hold them and such of them harmless from any such liability, claims, demands, action or causes of action. THE TERMS hereof shall be of full force and effect on the date hereof and on any other occasion when I may hereafter accompany any Clarkston Police Department police officer or officers. I HAVE READ and understand the conditions of this program as stated above and hereby voluntarily assume all risk of loss, damage or injury to me or to my property, including death, which may be sustained while or incidental to accompanying one or more Clarkston Police Department police officers while on duty. THIS RELEASE AND AGREEMENT shall be binding upon me and my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said City, officers, public officials, and persons herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Officer's Signature \_\_\_\_\_

## RIDE-ALONG APPLICATION

**Please complete the following:** (Note: Any application that is incomplete will not be processed.)

NAME: \_\_\_\_\_

(Please Print)

DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

(Please Print)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation or Name of School & Major course of study: \_\_\_\_\_

Do you have any physical or mental conditions, which might hinder your participation in this program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a description.

Hours and days of week you would prefer to ride: (No guarantee we will be able to accommodate your request.)

Reason for riding:

Have you ever ridden with the Clarkston Police Department before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when, and with which officer?

### **FOR OFFICE USE ONLY**

**Date, Time & Place for Ride** \_\_\_\_\_

**Officer Assigned:** \_\_\_\_\_ **Relationship (if any)** \_\_\_\_\_

**Approval:** \_\_\_\_\_