UNIVERSITY OF MASSACHUSETTS AMHERST
POLICE DEPARTMENT

Application to Participate in a Ride-Along

INTRODUCTION

The University Police Department is pleased that you have chosen to apply for participation in a Ride-along. The purpose of giving you this opportunity is to provide interested citizens with an insight into the operations of the department. It is our hope that you will find the experience both informative and enjoyable. We would like you to be fully aware of the conditions and circumstances under which the department Ride-along program operates. By signing this, you acknowledge and agree to these conditions.

- You will be assigned to ride with regular patrol officers of this department. They will be assigned to their normal duties and will respond to all calls for service to which they are assigned.
- Police officers can be, and often are, assigned duties which involve danger and serious personal risks. The officer(s) with whom you may be riding are no different. They will not avoid or disregard any duties, which involve emergencies or danger, simply because you are accompanying them.
- While every effort will be made to ensure your personal safety, the police officer's first responsibility will be to carry out their assigned duties.
- The police officer(s) you may be accompanying will discuss their duties and responsibilities insofar as time permits. If, however, some emergency or danger should arise, you must immediately, and without question, comply with any and all orders or directives given to you by the officer(s). This is for your own safety.

Name of Applicant ________________________________  
(Please Print)

Signature of Applicant ________________________________

Date ________________________________
APPLICATION FOR RIDE-ALONG – Information page

Applicant Name ____________________________________________________________

Last   First   Middle

Address (local) ____________________________________________________________

Local Phone number ( ) ___________________ Cell number ( ) ___________________

Home Phone number (if different) ( ) __________________________________________

Address (home) ____________________________________________________________

Date of Birth __________________________ Must be at least 18 years old.*

Social Security # __________________________________________________________

Drivers License # ___________________________________________ State _________

Person to contact in case of emergency ________________________________________

Relationship _______________________________________________________________

Phone numbers  Home ( ) ___________________ Cell ( ) ___________________________

Do you have a criminal record, either pending or closed?  Yes  No

If yes, please give details, including dates and locations.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

The applicant understands that a criminal background investigation will be completed by the
University Police prior to participation in the program. Any false or misleading statements will be
cause for refusal of the application.

SF-64

Page 2 of 3

Rev. 6/08
LIABILITY WAIVER FOR RIDE-ALONG

I, ____________________________, in consideration of the granting of permission by the University Police Department to accompany a uniformed police officer in a marked police cruiser on routine patrol, do hereby release, remise, and forever discharge the University Police Department, The University of Massachusetts and any employees, agents, officials, or representatives of the University of Massachusetts Police Department and the University of Massachusetts, of any and all liability for any and all claims which may arise as the result of my participation as a passenger in a marked police cruiser and all activities related thereto or arising thereafter. I further acknowledge that participation in a Ride-along may expose me or my property to the risks of damage, serious injury, and/or death. I therefore agree that by voluntarily accompanying a police officer on patrol with the University Police Department, I am assuming all risk of damage, serious injury, and/or death to my person or property that may arise, and in this regard assume and agree to pay all medical costs or property damage costs occasioned thereby, releasing the University, the University Police Department and its employees from and against all claims, damages, serious injury or causes of actions which I, my heirs, executors, or administrators may have herein.

In witness whereof, I have hereunto set my hand and seal this __________

Day of ____________________________, 20 __

__________________________
(Signature required)

__________________________
(Print name and date)

__________________________
(Signature of witness)

__________________________
(Print name, and title or ID number)

Provide applicant with SF-3, CORI Individual Agreement of Non-Disclosure.
File completed SF-3 with this completed application.
UNIVERSITY OF MASSACHUSETTS AMHERST
POLICE DEPARTMENT

Criminal Offender Record Information ("CORI")
Individual Agreement of Non-Disclosure

I, _________________________________, acknowledge that I have read and understand the provisions of Massachusetts General Laws, c. 6, §§ 167-178B (attached), of which sections 177-178 provide that it is a criminal offense to willfully disclose to any unauthorized person or agency any criminal offender record information concerning an individual or to willfully falsify any criminal offender record information. Unauthorized access to or dissemination of criminal offender record information is punishable by a fine of not more that five thousand dollars ($5,000.00), or imprisonment in jail or house of correction for not more than one year, or both. Any such dissemination also subjects me to a suit for civil damages and/or a civil fine of up to five hundred dollars ($500.00) for each such willful violation.

Signed this ______ day of __________________ , 20____

Signature

Last name (printed) ___________________________ First name ___________________________ Middle initial ___________________________

Date of Birth (MM/DD/YY) ___________________________ Social Security Number (requested but not required) ___________________________

Job title or affiliation with UMass PD ___________________________

Attached to this sign-off page, which will be retained on file by UMPD, is a summary page describing the Criminal Offender Record Information (CORI) laws of Massachusetts, and the UMass police department expectations on the broader concept of confidentiality.

Your signature on this form indicates that you understand and agree to abide by the laws and guidelines described in the following pages. You may keep those pages for your future reference.

You will be provided with a duplicate copy of this signed page, upon request of the person providing this packet to you.

All of the laws, regulations, UMPD policies and other documents referenced are available for review, upon request. The General Laws, and the Criminal History Systems Board (CHSB) regulations, are also available from the State website, at www.mass.gov/. If you have any questions, consult with the person who gave you this form.