



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.

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.**

