

# 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 Ridealong. 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		 	 4
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 #		
Person to contact in case of emergency		
Relationship		
Phone numbers Home ( )		
Do you have a criminal record, either pending	or closed? Yes	No
If yes, please give details, including date	es and locations.	
		100

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

<b>1,</b>	, in consideration of the granting of		
permission by the University Police Department to a			
police cruiser on routine patrol, do hereby releas			
Police Department, The University of Massachu			
representatives of the University of Massachus			
Massachusetts, of any and all liability for any and	U 10 P. C. 10 P. C. 10 C. L. 10 C. P. 10 P. P. C. P. C. L. 10 P. P. L. P. L. P. L. P. L. P. L. P. L. P.		
participation as a passenger in a marked police c			
thereafter. I further acknowledge that participation			
the risks of damage, serious injury, and/or death. I the	.		
police officer on patrol with the University Police			
serious injury, and/or death to my person or proper			
agree to pay all medical costs or property damage of			
the University Police Department and its employee			
injury or causes of actions which I, my heirs, execute			
In witness whereof, I have hereunto set my hand an	d 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

l,	, acknowle	edge that I have read and
understand the provisions of Mass (attached), of which sections 177-1 disclose to any unauthorized perinformation concerning an individual information. Unauthorized access information is punishable by a fine of or imprisonment in jail or house of consuch dissemination also subjects meat to five hundred dollars (\$500.00) for	78 provide that it is a conson or agency any of a conson or agency any of or to willfully falsify any to or dissemination of of not more that five thousand the to a suit for civil damage each such willful violation	riminal offense to willfully criminal offender record criminal offender record criminal offender record sand dollars (\$5,000.00), an one year, or both. Any es and/or a civil fine of up
Signed this day of	, 20	
Signature		
Last name (printed)	First name	Middle initial
Date of Birth (MM/DD/YY)	Social Security Number (reque	ested 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 <a href="www.mass.gov/">www.mass.gov/</a>. If you have any questions, consult with the person who gave you this form.