



Central Washington University Police and Parking Services

Integrity Service Excellence

RIDE-ALONG REQUEST FORM

Dear ride-along applicant:

1. If you are at least 18 years of age, you are welcome to apply for a ride-along by reading, completing and signing both sides of this Ride-Along Request Form.
2. Complete this form and turn it into the CWU Police Department 7 days in advance.
3. **As part of this program, you agree to undergo a comprehensive police records check.**
4. Your basic responsibilities as a ride-along are to:
 - a) Remain in the police vehicle unless otherwise instructed by the officer;
 - b) Do not enter any crime scene;
 - c) Limit your movements to places open to the public and places you have permission to enter;
 - d) Comply with all directions given by a police officer;
 - e) Be an observer only. Do not become involved verbally or physically unless you are directed to do so. The CWU Police Department will not be liable for your unauthorized interventions.
5. You must be in civilian clothing at all times.
6. You cannot carry a firearm even if you have a concealed weapons permit. You cannot carry any flashlight(s), and/or any weapon such as: knives, electronic stun devices, clubs or batons.
7. Audio, video recording, taping and/or photography is not allowed. All individuals must have prior Officer approval to engage in recording, taping or photography
8. The personal safety of the officer and the Department's responsibilities to the community will be considered at all times. Therefore, an officer may terminate your ride-along at any time, without explanation or advance notice. In addition, if emergency circumstances dictate, you may be dropped off at a safe location in the field.
9. Affiliation: Student: _____ Staff: _____ Faculty _____ Citizen _____
Other (please specify): _____
10. What is the reason for your ride-along request? (School assignment, class, interested citizen, etc.)

(continued)

Today's Date: ____/____/____ CWU ID Number (if applicable): _____

Last Name: _____ First Name: _____ Middle Name: _____

DOB: ____/____/____ Sex: _____

Local Address: _____

City: _____ State: _____ Zip code: _____

Permanent Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Have you been arrested or convicted for a crime? _____

If yes, for what and when? _____

Please list 3 dates & times you would be available for the ride-along:

- 1.) Date: ____/____/____ | Time (indicate am or pm): _____
- 2.) Date: ____/____/____ | Time (indicate am or pm): _____
- 3.) Date: ____/____/____ | Time (indicate am or pm): _____

HOLD HARMLESS AGREEMENT: I, the undersigned, have read and understand the contents of this request and waiver. I am asking the CWU Police Department for permission to ride, as an observer only, in an authorized CWU Police Department motor vehicle. If permission is granted, I agree to obey all instructions, orders, and commands given to me by officer(s) at all times. I realize and appreciate the nature of law enforcement work, and know that I might encounter violence, uncertainty, danger and criminality during a ride-along. I understand that I may encounter situations during a ride-along that expose me to a risk of physical harm or injury, including, but not limited to, motor vehicle accidents. I freely and voluntarily accept these risks. I further agree to keep confidential my observations when participating in this ride-along.

I further understand I will be a guest passenger in the police vehicle in which I ride. I have not offered any payment to the CWU Police Department or any of its employees for the opportunity to ride in a police vehicle and observe law enforcement activity.

I hereby agree to hold Central Washington University, its Board of Trustees, the CWU Police Department and its employees, agents and servants harmless from any and all liability to me for death, personal injury, or property damage, whether proximate or remote, sustained while I ride-along and observe law enforcement activity.

Signature of Rider/Applicant

Date Signed

SCAN AND EMAIL FORM TO: POLICE@CWU.EDU

FOR OFFICE USE ONLY	
Date Criminal History Ran:	Captain Approval:
Wants/Convictions/Arrests:	Assigned Officer:
Checked By (Initials):	Assigned Date & Time: