

York City Police Department

Application Civilian Ride Along Program

Conditions of Participation

1. Participation in this program is a privilege, and courtesy extended by the York City Police Department. As such, the York City Police Department reserves the rights to modify, control, deny, or cancel an individual's participation at anytime.
2. Participants are expected to present a neat and clean appearance both in person and in clothing. Citizens expect as much from their police officers, and our police officers expect as much from the sharers in the program. Male participants will be attired in sports shirt and slacks. Female participants will be attired in blouse, slacks, shirt, suit, or dress. Jeans, shorts, sandals, or bare feet will not be considered proper attire. Participants will also wear proper outerwear for existing weather conditions. The Police Department reserves the right to judge the reasonableness and appropriateness of dress and appearance.
3. Each participant is under the direct and complete control of the officer to whom assigned. An officer experiencing difficulty with participant will discharge the individual at the front desk area of the York City Police Department, and notify the shift supervisor and explain the circumstances.
4. Participants must:
 - A. Be at least eighteen (18) years of age
 - B. Be of good character and have no convictions for Felonies / crimes involving moral turpitude
5. Participants Will:
 - A. Not be allowed to carry any type of weapon
 - B. Not interfere, in any way with an officer's performance of duties
 - C. Not be allowed to use cameras and / or recording equipment during the ride with the officer
6. Participants may:
 - A. Be required to be a witness in a court proceedings
 - B. Be required to assist an officer, upon his or her request, but only under extreme emergency circumstances. In most cases, this would involve contacting dispatch personnel by radio and requesting assistance.
7. Participants are required to remain in the patrol unit while the officer is out on a call. On certain types of call, the officer may permit the participant to exit the car and observe, if the officer believes that there is no danger to the participant and that the observation would benefit the participant's experience.
8. There may be an occasion in which the participant may be required to leave the patrol unit, and be dropped off in a safe location while the officer answers a potentially hazardous call, such as an armed robbery. Dispatch will be notified in such an event, and the next closest car not involved in the incident will pick up the participant.

I have read and understand the above conditions of participation and agree to abide by them.

Participant Signature

Date

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I _____ am requesting that I be allowed to accompany employees of the York City Police Department in the performance of their duties and police related activities. I know and understand that accompanying employees while they perform police duties and related activities is inherently dangerous, and I agree that:

The risk of injury from the activities involved is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury or death does exist and,

I, if injured as a result of my participation authorize any medical attention deemed necessary. I either have adequate insurance or, in its absence agree to pay all cost of medical services as may be incurred on my behalf and,

I knowingly and freely assume all such risk, both known and unknown, even if arising from the negligence of the releases and I assume full responsibility for my participation; and,

I for myself and on behalf of all my heirs assigns personal representatives and next of kin hereby release indentify, and hold harmless the City of York its officers, officials agents and/ or employees with respect to any and all injury, disability, death, or loss or damage to person or property **whether arising from the negligence of the releases or otherwise** to the fullest extent of the law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND I FULLY UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL WITHOUT ANY INDUCEMENT.

Participant's Signature

Age

Date Signed

YORK CITY POLICE DEPARTMENT CIVILIAN RIDE ALONG
PROGRAM APPLICATION
PLEASE PRINT

Complete Full Name: _____
Any other name used: (if none-enter none) _____
Date of Birth: _____ Age: _____ Sex: _____ Race: _____
Height: _____ Color of hair: _____ Color of eyes: _____
Place of Birth: _____
Social Security number: _____
Driver's License number: _____ State: _____
Home address: _____
Home phone: _____ Business phone: _____
Cell phone number: _____
Place of employment: _____
Employment address: _____

Have you ever been arrested or convicted of any criminal offense? ☐ yes ☐ no, if yes provide details

I understand that the above information will be used by the York City Police Department for the purpose of conducting a national computer (NCIC) criminal history inquiry. The reason for this inquiry is to ascertain if I have a criminal record of any type. Knowing this I freely give my permission to the York City Police Department to conduct this inquiry.

Applicant's Signature: _____ Date: _____

Do you have any physical impairment or condition, including pregnancy, which would limit your participation, ☐ yes ☐ no, if yes provide complete details: _____

Have you ever participated in a ride along before with this department ☐ yes ☐ no, if yes when? _____

(A ride along is Limited to three times per calendar year, and a new application must be made prior to each)

Date(s) you would like to ride: _____ Time: _____
(Application must be submitted no later than five working days before riding)

Thank you for your interest in our Civilian Ride Along Program. You will be contacted before your ride along and advise if you have been approved or disapproved for participation.

Mandatory Requirement: Read attached Conditions of Participation, and Release of Liability and Assumption of Risk forms; sign and date both.

Request is ☐ approved ☐ Disapproved: _____
Shift Supervisor Signature Date

Comments: _____

Request is ☐ approved ☐ Disapproved: _____
Chief of Police or Designee Date