

RIDE ALONG PROCEDURES

Dear Ride along Applicant,

Thank you for your request to participate in the University of Colorado Colorado Springs Police Department (UCCS PD), ride along program.

Please complete the following paperwork at least one week in advance of your participation in the UCCS PD ride along program.

Please read and sign the UCCS PD ***Waiver and Release of Claims and Indemnity Agreement, Assuming Risk of Injury or Damage***. Unfortunately, there are inherent risks with any law enforcement function.

Please fill out in its entirety, and sign the UCCS PD ***Ride along Program Application***. The department will conduct a criminal and warrant check as part of the process of this application, and to determine your eligibility for participation in the ride along program.

Once you have completed the necessary forms, please drop them off to the UCCS Police Department, located at ***1420 Austin Bluffs Parkway, Colorado Springs, Colorado 80918 – Gateway Hall #214***. (Second level of the Gateway Garage, above The Parking and Transportation Office.) Once the UCCS PD has received and reviewed your packet, a Patrol Supervisor or assigned designee will be in contact with you to set up specifics of your ride along. When arriving for your ride along:

1. **Arrive 5-10 minutes prior to your scheduled time.**
2. **If scheduled during regular business hours:**
 1. **Report to the UCCS PD, Gateway Hall #214. (Second level of the Gateway Garage, above The Parking and Transportation Office.) Advise office personnel you are here to participate in a ride along.**
3. **If scheduled after business hours:**
 1. ***Either report to the UCCS PD, Gateway Hall #214. (Second level of the Gateway Garage, above The Parking and Transportation Office.)***
 2. ***Or call UCCS PD Dispatch at 719-255-3111 or pick up a red phone located at either end of our building and inform Dispatch personnel you are here to participate in a ride along.***

We ask you to please maintain a neat, clean, businesslike/business casual appearance during your ride along with our Officers. Dress appropriately for the ever changing Colorado weather.

You may not, under any circumstances, be armed with any type of weapon, during your ride along.

Thank you for allowing us the opportunity to share with you the services provided by the UCCS PD. We view this program as an excellent opportunity to illustrate our activities and meet more members of the community in which we serve.

If you have any questions or concerns please feel free to contact us at: 719-255-3111.

UCCS PD Waiver and Release of Claims and Indemnity Agreement, Assuming Risk of Injury or Damage

WHEREAS, I _____ being over the age of eighteen (18) years and not being a member of the University of Colorado Colorado Springs (UCCS) Police Department, (UCCSPD), have made a voluntary request to ride as a guest in a vehicle assigned to the UCCS Police Department, and to accompany a member or members of the UCCSPD during the performance of their official duties, or to observe the operations of the UCCSPD within the confines of the UCCS Police Department building, and

WHEREAS, the Chief of Police, via authorized department supervisors, will consent to permitting a guest to travel in a vehicle assigned to the office and to accompany members of the Department during performance of their duties, or to observe or participate in the operations of the UCCSPD within the confines of the UCCS Police Department building, upon the conditions set forth hereafter: due to the public interest of having members of the community, including members of the press, educational and children's groups in the community, wanting to become familiar with the operations, duties and nature of the UCCS Police Department.

NOW, THEREFORE, in consideration of the permission given to me to ride in a vehicle assigned to the UCCS Police Department and to accompany a member or members of said department during the performance of their official duties, and/or to observe or participate in the operations of the Police Department within the confines of the UCCS Police Department building, I do hereby agree:

- 1) That I am aware the work of the UCCS Police Department is inherently dangerous and I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the Police Department during the performance of their official duties and that I freely, voluntarily, and with such knowledge, assume the risk of death, personal injury, or property damage arising from or in any way connected with the use of weapons, unlawful acts, or forcible resistance by law violators or suspected law violators, assault, riot, breach of the peace, fire, explosion, gas, electrocution, or the escape of radioactive substances while accompanying a member or members of the UCCS Police Department during the performance of their official duties.
- 2) That the Chief of Police, the UCCS PD, his sureties, all members of the UCCS Police Department, their sureties, and each of them shall not be responsible or liable for any injury, damage, loss or expense, either to myself or to my property, incurred while riding in any vehicle assigned to the UCCS Police Department or while accompanying any member or members of said department during the performance of their official duties, or observing or participating in the operations of the Police Department within the confines of the UCCS Police Department building, and resulting from any negligent act or omission on the part of any member of the UCCS Police Department.
- 3) For myself, my heirs, executors, administrators, and assigns to defend and indemnify the Chief of Police, the UCCS Police Department, all members of the UCCS Police Department, their sureties and each of them, against any and all manner of actions, causes of actions, suits, debts, claims, demands, damages, liability, or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the UCCS Police Department during the performance of their official duties, or observing or participating in the operations of the Police Department within the confines of the Public Safety building.

Ride Along Program Application

UCCS Police Department

****PLEASE PRINT CLEARLY IN BLUE OR BLACK INK****

PRINT NAME (LAST, FIRST, MIDDLE)		PERSONAL PHONE NUMBER				DATE			
STREET ADDRESS			CITY			STATE			
DRIVERS LICENSE NUMBER	STATE OF DRIVERS LICENSE	SEX	AGE	DOB (mm/dd/yyyy)	HEIGHT	WEIGHT	HAIR	EYES	
EMAIL ADDRESS					CURRENTLY ENROLLED AT UCCS?	YES	NO		
OCCUPATION		NAME OF EMPLOYER/SCHOOL			BUSINESS PHONE				
DO YOU HAVE ANY PAST ARRESTS OR PENDING COURT CASES? LIST DATE, AGENCY, CHARGE, AND DISPOSITION. ATTACH ADDITIONAL SHEETS IF NECESSARY.				YES	NO				
WHY DO YOU WANT TO PARTICIPATE ON A RIDE ALONG? WHO RECOMMENDED THAT YOU PARTICIPATE? (EXAMPLE: POLICE OFFICER, SCHOOL INSTRUCTOR, CLASS REQUIREMENT, PERSPECTIVE APPLICANT, SELF, ETC.)									
DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WE NEED TO ACCOMODATE? IF YES PLEASE EXPLAIN.				YES	NO				
LIST PREVIOUS PARTICIPATION IN ANY RIDE ALONG PROGRAM. INCLUDE THE AGENCY AND DATE PARTICIPATED.									

REQUESTED DAY / SHIFT OF PARTCIPATION

PICK A SHIFT (CIRCLE ONE):	DAY 0600-1600	SWING 1600-0200	MINDNIGHT 2000-0600					
PICK A DAY OF THE WEEK (CIRCLE ONE):	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME	EMERGENCY CONTACT ADDRESS	EMERGENCY CONTACT NUMBER
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BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of Colorado to release to the University of Colorado Colorado Springs Police Department (UCCS PD), any and all information which said agencies or any of them have about me, for the limited purpose of aiding the UCCS PD in evaluating my eligibility for participation in the Ride Along Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

******* READ AND COMPLETE THIS DOCUMENT COMPLETELY BEFORE SIGNING *******

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED IF **UNDER THE AGE OF EIGHTEEN (18) YEARS** WHO WISH TO PARTICIPATE.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT OR GUARDIAN

FOR DEPARTMENT USE ONLY

BACKGORUND CHECK CLEAR: (YES) _____ (NO) _____ (DATE) _____ (SIGN) _____

PATROL SUPERVISOR APPROVAL

(SIGN) _____ (TITLE) _____ (DATE) _____

Scheduled: (YES) _____

Scheduled: (NO) _____

DATE ASSIGNED TO RIDE: _____

ASSIGNED TO OFFICER: _____