



MICHAEL D. HANSHAW
CHIEF OF POLICE

RIDE-ALONG REQUEST APPLICATION

ALL APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE. A VALID PHOTO ID IS REQUIRED WHEN SUBMITTING THIS APPLICATION. APPLICATIONS AND RELEASE FORMS MUST BE TURNED IN TO THE POLICE RECORDS DIVISION LOCATED AT 405 E. CURTIS ST. SIMPSONVILLE, SC 29681 MONDAY-FRIDAY, 8AM-5PM. APPLICANTS MUST GIVE AT LEAST 5 DAYS NOTICE OF THE REQUESTED RIDE ALONG DATE.

Name: First: _____ Middle: _____ Last: _____

Address: _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Best Telephone Number: _____

Email Address: _____

Emergency Contact Name: _____ Number: _____

Date Desired to Ride: ____/____/____ (MUST GIVE AT LEAST 5 DAYS NOTICE)

Time Desired (MAX 4 HOURS): Start Time: _____ AM/PM End Time: _____ AM/PM
(Must be between 8am-11pm. Times are not guaranteed and subject to change by agency)

Reason for Request to Ride Along: _____

I understand that before I am permitted to participate in the program, a criminal background check to include a NCIC (National Criminal Information Center) inquiry will be conducted. By signing below, I authorize the Simpsonville Police Department to conduct an NCIC inquiry. I understand that I am under the direct supervision of the officer with whom I am riding and in no way will hinder said officer from the performance of their duties. I agree to adhere to all departmental policies, rules and regulations, and understand that the maximum allowable riding time in four (4) hours. I understand that I must sign a Release and Indemnity Agreement form prior to beginning the ride along. I understand that I must sign and abide by the Rules of Conduct and Information Sheet prior to beginning my assigned ride along. I hereby agree to release and hold the City of Simpsonville, its Chief of Police, Police Officers, and all others connected with the City, free and harmless from any and all liability and claims for damages by reason of any injury or harm that might arise out of my participation in the ride along program.

Signature: _____ Date: _____

Office Use Only. Do Not Fill Out.

Criminal Record Check Conducted by: _____ Circle One: No Record / Record Attached

Ride Along Approved ___ Denied ___ By: _____ Date: _____

Scheduled Ride Along Date: _____ Time: _____ Officer/Shift: _____



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NOTICE

PARTICIPANT MUST ALSO READ AND SIGN, ACKNOWLEDGING THE RULES ON THE BACK OF THIS FORM PRIOR TO BEGINNING THE RIDE ALONG.

RULES OF CONDUCT AND INFORMATION SHEET

The purpose of the Citizen Ride-Along Program is to be an educational program. It is designed to give citizens an up-close view into the daily operations of the police department and the law enforcement profession. Citizens are encouraged to ask officers questions about the department and the profession. Citizens should refrain from discussing potentially adversarial topics with officers. Officers may end the ride-along at any point if they experience any difficulty with the ride-along participant.

1. Riders must be at least 18 years of age. Riders are not permitted to carry anything on your person, which could be construed to be a weapon, including pocket knives.
2. Anyone wishing to participate in this program must complete a ride along application and present valid photo identification for each ride along request. Current, Certified Law Enforcement Officers are exempt from the application, but must sign a Release and Indemnity Agreement each time they ride.
3. An applicant who has a felony record will be excluded from the program. An applicant with a misdemeanor record involving a crime of moral turpitude or dishonesty may be excluded from participation in the program.
4. Once approved, the participant will be notified of the date and time of their ride along. If a participant is not available for the assigned time, he or she can reschedule to an alternate date.
5. Participants should arrive at the Department at least 15 minutes prior to their scheduled ride along. The Department reserves the right to cancel the ride along rather than delay the officer from going on duty in the event that the ride along participant is late.
6. Riders should be dressed in comfortable, business casual clothing. (Pants and collared type shirt/blouse). No dresses or blue jeans. **Closed toed shoes must be worn.** The Department reserves the right to judge the reasonableness of dress and appearance.



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7. Riders are instructed not to interfere in any way with the actions of the officer while engaged in official duty. Riders shall not play an active role in the police function. They must act as an observer unless otherwise directed by their host officer in an extreme emergency situation. (i.e. officer shot in the line of duty)
8. Riders shall not be allowed to operate any police equipment unless directed to do so by an officer in an emergency.
9. There may be occasions when you may be required to leave the patrol unit while the officer answers a potentially dangerous call. You should be prepared to be dropped off at a public place and to be picked up later in such a case.
10. Riders are required to remain in the patrol unit while the officer is out on a call. On certain types of calls, the officer may permit you to observe if he/she feels the circumstances warrant it. No attempt should be made to assist the officer unless he/she asks for help or under extreme emergency situations.

Riders shall not enter private property without the express permission of the homeowner/occupant.

11. Remember, should you be a witness to certain events, there is a possibility that you may be subpoenaed into court as the City's witness.
12. Riders shall not speak to victims, witnesses, prisoners or other persons associated with the police event being investigated. Riders shall direct the person to a police officer if spoken to.
13. Riders, including members of the media shall not bring cameras or any recording devices without the express written permission of the Chief of Police. Riders should not use cell phones during the ride along unless it is an emergency situation.
14. Riders shall follow the instructions of the host officer at all times during the ride along.
15. Riders shall only be allowed to participate for **4 hours, 2 times per year**. Current, Certified Law Enforcement Officers are exempt from this rule. Family members and police applicants from out of town may be exempt from this requirement based on approval from the Chief of Police
16. Family members of Simpsonville Police Officers are permitted to ride. However, they are not permitted to ride with their family member and must ride on a shift different from their family member. They must follow and abide by all the rules of conduct.



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17. Riders may be excluded from participating in the program at the discretion of the Chief of Police without notification of the reason.

DISCLAIMER: The preceding rules are designed to make your experience during the ride-along as safe and enjoyable as possible. The Simpsonville Police Department cannot guarantee your safety during the ride-along period. By following the preceding rules, the risks to your safety are reduced.

We hope that you enjoy the Simpsonville Police Department Citizen Ride-Along Program!

I HAVE READ THE ABOVE RULES AND AGREE TO ABIDE BY THEM.

PRINTED NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE

PRINTED NAME OF OFFICER

SIGNATURE OF OFFICER

DATE

Return form to Office of Professional Standards for filing



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RELEASE OF ALL LIABILITY – ASSUMPTION OF RISK - INDEMNITY

I, _____, acknowledge that I have requested permission from the Simpsonville Police Department and wish to participate in the Ride Along Program of the City of Simpsonville and the Simpsonville Police Department (collectively referred to herein as “Simpsonville”). I acknowledge that the program involves accompanying a police officer who is in the performance of his/her duties.

I understand that there is the possibility that I could be seriously injured or die as a result of participation in this program. I have specifically been advised of various dangers I might come into contact with such as police vehicles being operated in emergency fashion, potential dangerous criminal suspects, prisoners and other persons and their actions, hazardous weapons, chemicals and other potential dangers.

Nevertheless, in consideration for allowing me to participate in the program, I agree that I, my assignees, heirs, spouses, guardians and legal representatives will not make a claim against, sue, or attach the property of Simpsonville, the Simpsonville Police Department, or its council members, officers, agents or employees, and any other persons, agencies, firms or corporations affiliated with Simpsonville. I do hereby fully assume responsibility for any personal injury, death or any damage to my personal property which may occur directly or indirectly, while in, or about any such police department vehicle and completely release Simpsonville from any and all actions, claims or demands that I, my assignees, heirs, spouses, guardians, and legal representatives now have or may hereafter have from any liability, whether currently known or unknown, including, but not limited to loss of life, personal injury and/or damage to property, resulting from, arising out of, or in any way connected with my participation in the Ride Along Program of the Simpsonville Police Department. This release of liability and assumption of risk, in addition to covering any past occurrences, is intended to release and discharge in advance Simpsonville, the Simpsonville Police Department, its council members, officers, agents or employees, and their successors and assigns from and against any and all liability arising out of or connected in any way with my participation in the Ride Along Program even though that liability may arise out of negligence or carelessness on the part of Simpsonville.

I further agree to indemnify, defend and save and hold harmless the City of Simpsonville, the Simpsonville Police Department, and its officers, agents and employees, of and from any and all claims or liability whatsoever, including, but not limited to, costs and attorney fees, that arises out of or is in any way connected with any act of my conduct or my participation in the program.



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I hereby certify that I have read and understand this Release of All Liability – Assumption of Risk - Indemnity and that I have received a copy.

Signature of Participant: _____

Dated this _____ day of _____, 20_____, at _____ o'clock

Witness: PRINT: _____ SIGN: _____ DATE: _____