

	PROVIDENCE POLICE DEPARTMENT RIDE-ALONG PROGRAM APPLICATION TELEPHONE: (401) 243-6200 FAX: (401) 243-6437	MAIL, E-MAIL, OR FAX COMPLETED APPLICATION TO: PROVIDENCE POLICE RIDE-ALONG PROGRAM 325 WASHINGTON STREET, PROVIDENCE RI 02903-3503	
FULL NAME (FIRST, MIDDLE, LAST, SUFFIX)		HOME ADDRESS	HOME CITY, STATE, ZIP CODE
ADDRESS WHILE ATTENDING SCHOOL		CITY, STATE, ZIP CODE	EMERGENCY CONTACT NAME & TELEPHONE #
HOME TELEPHONE #	WORK TELEPHONE #	CELLULAR TELEPHONE #	E-MAIL ADDRESS
DATE OF BIRTH	SEX M <input type="checkbox"/> F <input type="checkbox"/>	DRIVER'S LICENSE OR STATE ID NUMBER	STATE THAT ISSUED DRIVER'S LICENSE OR STATE ID
SPONSOR (EXAMPLE, SCHOOL OR ORGANIZATION NAME)		SPONSOR CONTACT PERSON (EXAMPLE, PROFESSOR OR OFFICER'S NAME)	SPONSOR CONTACT PERSON TELEPHONE #
TIME PERIOD REQUESTED (CHECK MARK) BETWEEN 7 AM – 3 PM BETWEEN 3 PM – 11 PM BETWEEN 11 PM – 7 AM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		PREFERRED DAY(S) OF WEEK (CHECK MARK) SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DO YOU HAVE ANY MEDICAL, PHYSICAL, OR MENTAL CONDITION THAT MIGHT AFFECT YOUR PARTICIPATION IN OUR RIDE-ALONG PROGRAM?			YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, DESCRIBE: ARE YOU CURRENTLY TAKING ANY MEDICATIONS?			YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, DESCRIBE: HAVE YOU PARTICIPATED IN THE RIDE-ALONG PROGRAM BEFORE?			YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, APPROXIMATE DATE:			
PLEASE EXPLAIN YOUR REASON FOR WANTING TO PARTICIPATE IN OUR RIDE-ALONG PROGRAM. USE REVERSE SIDE IF NECESSARY.			
Ride-Along Program Guidelines: 1. You must be 18 years of age or older <u>and eligible to participate</u> . Eligible participants include: a. Persons appropriately sponsored by, for example, a Providence Police Officer, a professor whose course requires a ride-along, Leadership RI ; b. Visiting police officers; c. Providence Police Academy applicants; d. Members of the press or government officials; e. Any other person at the discretion of a divisional commander. 2. You are limited to one (1) ride-along session every six (6) months, unless otherwise permitted by a supervisor. 3. Positive identification is required at the time of the ride-along. For security purposes, you will be subjected to a criminal background and driver's license inquiries. You hereby consent to such inquiries. 4. Since participation in the Ride-Along Program is a privilege, we reserve the right to deny your application for any reason. 5. Per state law, you must utilize the safety belts at all times in the police vehicle. 6. Absent explicit permission by the approving officer-in-charge (OIC), use of audio or visual equipment is not permitted at any time. 7. Police work is inherently dangerous. A police officer may ask you to do certain things for your safety, for example remain in the police vehicle until a situation is stabilized. You agree to follow police officer instructions. 8. Questions can be asked after the incident has ended and you have left the scene. Although you are encouraged to ask questions about police work, your police partner cannot possibly have knowledge of every single event that has occurred within the city. On occasion, your police partner may decide not to divulge sensitive intelligence in response to such questioning. 9. Do not interfere with police officers while they are handling a situation. 10. The possibility exists that you will observe events that will require your appearance in court as a witness. You agree to appear in court as necessary. 11. At the time of application, you must sign the below Waiver and Release of Liability , which will be verified by a police officer witness upon application receipt. 12. No weapon of any kind may be on your person during the ride-along, even if legally permitted to carry such weapon. 13. In the event you violate any of these guidelines, you may be prohibited from participating in the Ride-Along Program.			
Waiver and Release of Liability: I have read and understood the above Ride-Along Program Guidelines. In consideration of my participation in the Ride-Along Program, I grant to the City of Providence, its departments, officers, agents, and employees, including but not limited to the Providence Police Department and its officers (collectively, "the City"), a waiver of liability with regard to my participation in the Ride-Along Program. I release the City from all liability for any and all loss or damage of any kind, and any claim or demand on account of injury to my person or property or resulting death arising out of or related to participation in the Ride-Along Program, whether caused by the negligence of the City or otherwise. I specifically acknowledge the risk associated with participation in the Ride-Along Program, and I hereby assume full responsibility for any risk of bodily injury, death, or property damage. I waive any right or cause of action that I may have against the City arising from participation in the Ride-Along Program.			
INCLUDE A PHOTOCOPY OF DRIVER'S LICENSE OR STATE ID AND SCHOOL IDENTIFICATION (IF APPLICABLE) WITH YOUR APPLICATION.			
APPLICANT'S SIGNATURE		DATE SIGNED	POLICE OFFICER WITNESS SIGNATURE
BELOW SECTION FOR POLICE OFFICIAL USE ONLY			
APPROVED BY OIC SIGNATURE & FID	DATE OF BCI & OL CHECK	CRIMINAL OR OPERATOR LICENSE HISTORY? YES (ATTACH TO APPLICATION) <input type="checkbox"/> NO <input type="checkbox"/>	APPLICATION APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/>
	DATE APPROVED	RIDE-ALONG DATE	OFFICER ASSIGNMENT
			CAR POST