

# **Eligibility and Application Procedure**

## **A. Program Eligibility**

**Applicants for the ride along program must meet one of the following criteria to participate in the program:**

- 1. Currently reside within the political limits of the Town of Dewey Beach.**
- 2. Be a member of a civic organization or employee of a business located within the Town of Dewey Beach.**
- 3. Be employed by the Town of Dewey Beach in a position that would be facilitated by a knowledge of departmental procedures and functions.**
- 4. Be a police employee applicant with the Town of Dewey Beach Police Department, or have current employment in the law enforcement field with another agency.**
- 5. Be enrolled as a student in an accredited law enforcement program or related field of study.**
- 6. Be a law enforcement explorer scout with this or any other police explorer post.**
- 7. Be a member of the family of an employee of this department.**

## **A. Application Procedure**

- 1. Applicants must complete a Ride Along Program application and a “Waiver of Civil Liability and Indemnification Agreement”. The application and waiver must be submitted to the police department at least three (3) days prior to the expected ride along date.**
- 2. Applicants under Eighteen (18) years of age must have their parent or guardian complete and sign the “Waiver of Civil Liability and Indemnification Agreement”.**

# Ride Along Program Application

To the Ride Along Applicant:

You are required to complete this application after reading the rules and regulations on page 5 of this application. By signing this application you agree that you have read, understand and are willing to comply with these rules and regulations. If you are under the age of 18 years old, your parent or guardian must cosign this application indicating they, too, have read, understand and agree with the conditions placed on your participation in this program. If you are 18 years of age or older, you must sign the waiver on page 6 of this application. No application will be processed unless the "Waiver of Civil Liability and Indemnification Agreement" form has been executed. Once your application has been processed you will be contacted by telephone prior to your requested ride along date and informed if your application was approved. This is a voluntary program conducted in the interest of public enlightenment. The Dewey Beach Police Department reserves the right to limit or exclude any person from participation in this program when it is deemed by the Dewey Beach Police Department that the person's participation would not be in the best interest of the police department, any of its individual members, or the public; or when it might reasonably be construed that a conflict of interest may exist or come to exist between the applicant and the police department or its mission.

**Full Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Reason you request to ride: \_\_\_\_\_

Date you request to ride: \_\_\_\_\_ Hrs of ride (4 Hrs) \_\_\_\_\_

Police Officer requested: \_\_\_\_\_

Have you previously ridden with this department No: \_\_\_\_ Yes: \_\_\_\_ # of Times: \_\_\_\_

Are you currently involved in any potential legal process arising from any traffic or criminal matter as a defendant, plaintiff or witness? Yes: \_\_\_\_ No: \_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**In the case of an emergency, the following person(s) may be contacted:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**I affirm that the information provided in this application is true and correct to the best of my knowledge and belief:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

( Persons under age of 18 )

**Telephone:** \_\_\_\_\_ **Date:** \_\_\_\_\_



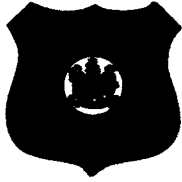
**Dewey Beach Police Department  
105 Rodney Ave.  
Dewey Beach, DE 19971  
(302) 227-1110**



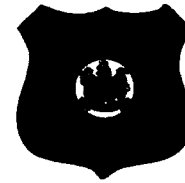
## **Ride Along Program Rules and Regulations**

- 1. The shift supervisor will designate with whom the applicant will ride. As a matter of policy, juveniles and female participants will ride with the shift supervisor or assistant shift supervisor. Exceptions may be made when the participant is a family member of the officer requested.**
- 2. The shift supervisor or his/her superior may terminate a ride along participant at any time if in their opinion the continued participation presents an undue risk, or the participant's conduct, deportment or sobriety is such that the continued participation is not in the best interests of the department. A complete report will be forwarded to the ride along supervisor of the reasons for termination.**
- 3. The hours of the participant's ride along will be established prior to the approval of the application. These time limits may be terminated at the request of the applicant. Extensions of the ride along time limits may only be made with the approval of the shift supervisor or his/her superior.**
- 4. Ride along participants are prohibited from carrying with them, during the ride along, any flashlight, camera, radio of any type, tape recorder or player, binoculars, or any similar device. Participants will not carry any weapon or restraining device of any kind.**
- 5. Participants are observers. They will not exit the police vehicle during any police activity unless directed to do so by a police officer. They will refrain from direct involvement in police functions or conversation with violators, suspects, witnesses or complainants, or other members of the public encountered during the source of the official duties of the police officer with whom the participant is riding.**
- 6. Participants may be asked to temporarily interrupt their ride along during hazardous or unusual circumstances. Participants will immediately comply with such requests and otherwise obey the directions of the police officer with whom the participant is riding.**

(Signature of Applicant)



**Dewey Beach Police Department  
105 Rodney Ave.  
Dewey Beach, DE 19971  
(302) 227-1110**



**Waiver of Civil Liability and Indemnification Agreement**

Date: \_\_\_\_\_

**In consideration of the Police Department of the Town of Dewey Beach, DE, (herein after “Police Department”) granting me permission to accompany a member of the Police Department as an observer in the Ride Along Program, I hereby waive any and all risks and liability for damages, losses, personal injuries or death which I might suffer, sustain or cause while participating in the Ride Along Program. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the Town of Dewey Beach, the Police Department, and its or their elected officials, officers, agents or employees, as a result of my voluntary participation in the Ride Along Program; and I hereby hold harmless such persons and entities and or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees and costs incurred in defending said demand or claim.**

**I further agree to comply with all the rules and regulations of the Ride Along Program and any instructions or orders issued by members of the Police Department in connection with the Ride Along Program. I certify that I am aware of the potential risk involved in accompanying a Police Officer during the performance of his/here duties.**

**I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Street Address, City, State, Zip Code)

**DO NOT WRITE ON THIS PAGE FOR**  
**DEPARTMENT USE ONLY**

**Authorization to Participate in the Ride Along Program**

**Authorization NOT granted \_\_\_\_\_ Reason for refusing: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**To Shift Supervisor \_\_\_\_\_**

**This applicant \_\_\_\_\_**

**has been authorized to ride in a police vehicle pursuant to the strict adherence to Departmental Regulations and under your continued supervision and approval.**

**Verification of Program Participation**

**To: \_\_\_\_\_**

**The above named participant:**

\_\_\_\_\_ **did not appear for the scheduled ride along.**

\_\_\_\_\_ **participation was canceled PRIOR to any opportunity to ride for the following reason: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_ **Participant rode in vehicle # \_\_\_\_\_ from**

\_\_\_\_\_ **hours until \_\_\_\_\_ hours with officer**

\_\_\_\_\_ **If the time of the ride along was**

**extended or curtailed, state the reason for the change:**

\_\_\_\_\_  
\_\_\_\_\_

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**(Shift Supervisor)**