

## MARION POLICE DEPARTMENT RIDE-ALONG REQUEST

|  |                                 |                               |         |
|--|---------------------------------|-------------------------------|---------|
| Date:  |                                 |                               |         |
| Last name:   |                                 | First:                        | Middle: |
| DOB:   | SSN or Driver's License Number: |                               |         |
| Address:   |                                 | Phone #:                      |         |
| City:  | State:                          | ZIP Code:                     |         |
| Date requested to ride-along:  |                                 | Time requested to ride-along: |         |
| Previously participated in ride-along with a Marion P.D. Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                 | If yes, when?                 |         |
| Reason for request: _____<br>_____   |                                 |                               |         |
| Recommended to this program by:  |                                 |                               |         |
| <b>ELIGIBILITY</b>   |                                 |                               |         |
| <p>The Marion Police Department ride-along program is offered to residents, students and those employed within the City. Any applicant may be disqualified with or without cause from participating in the program.</p> <p>The following factors may be considered in disqualifying an applicant and, are not limited to, being under 15 years of age, prior criminal history, pending criminal action, pending lawsuit against the Department, or denial by any supervisor.</p>   |                                 |                               |         |
| <b>GUIDELINES</b>  |                                 |                               |         |
| <p>The instructions listed below are guidelines when riding with a Marion Police Department officers. Failure to understand and/or follow these guidelines will result in your ride-along being terminated.</p> <ul style="list-style-type: none"> <li>Ride-alongs are limited to no more than once every six months unless otherwise approved by the Chief of Police.</li> <li>The ride-along will is required to be suitably dressed in a collared shirt, blouse or jacket, slacks and shoes. Sandals, t-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted.</li> <li>The ride-along will follow the directions of the officer.</li> <li>The ride-along will not become involved in any investigation, handling of evidence, discussions with victims or suspects or handling any officer equipment.</li> <li>The officer may terminate the ride at any time and the officer may return the observer to his/her home, the place of the ride origin or to the station if the ride-along interferes with the performance of the officer's duties.</li> <li>Ride-alongs may be allowed to continue riding during the transportation and booking process, provided this does not jeopardize their safety.</li> <li>Officers will not allow any ride-alongs to be present in any residence or situation that would jeopardize their safety or cause undue stress or embarrassment to a victim or any other person.</li> <li>Under no circumstance shall a civilian ride-along be permitted to enter a private residence with an officer without the express consent of the resident or other authorized person.</li> </ul> |                                 |                               |         |
| <b>WAIVER</b>  |                                 |                               |         |
| <p>I, (printed name) _____, hereby understand the eligibility and guidelines above and hereby waive any and all claims against the Marion Police Department and the City of Marion, Ohio, for compensation, reimbursement or medical fees due to any accident or injury sustained while riding with an on-duty officer of the Marion Police Department. I give my permission for a police records check to be done.</p>  |                                 |                               |         |
| _____<br><i>Ride-along participant</i>   |                                 | _____<br><i>Date</i>          |         |
| _____<br><i>Witness</i>  |                                 | _____<br><i>Date</i>          |         |
| <b>CHIEF OF POLICE APPROVAL</b>  |                                 |                               |         |
| _____<br><i>Chief of Police's signature</i>  |                                 | _____<br><i>Date</i>          |         |