



CITIZEN RIDE ALONG PROGRAM APPLICATION AND BACKGROUND INFORMATION

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PURPOSE:

The purpose of the Hudson Police Department Ride-Along Program is to encourage community involvement in law enforcement and to educate the public by opening up the lines of communication within the community by allowing interested residents to ride as passenger observers with patrol officers. The Ride-Along program promotes a better understanding of the challenges, risks and rewards of the police officer's role in the community.

GUIDELINES:

1. All persons wishing to participate in the Ride-Along program must be a minimum of 18 years old.
2. All participants in the Ride-Along Program must read, agree, and abide by all rules and guidelines and complete the Ride-Along application and the "Covenant not to sue, Promise to Release" waiver form before the Ride-along.
3. Participants are only permitted to ride once every six months. The ride will last no longer than four hours.
4. Participants must have a valid photo ID or driver's license with them when reporting for their scheduled ride-along.
5. Participants must be dressed in clothing appropriate for contact with the public (no shorts, halter tops, t-shirts, or flip-flops). If a participant shows up for their ride and they are not in appropriate clothing they will be denied participation in the ride-along program.
6. Participants shall be considered an observer only and shall be under the direct supervision of the assigned officer during the ride-along.
7. Participants shall conduct themselves in a civil and courteous manner at all times.
8. Participants must wear their seat belts at all times while in the patrol car.
9. Participants must remain in the patrol car unless permitted to leave by an officer.
10. Participants must not become involved in any incident the officer is handling. This includes discussions of an incident with victims, witnesses, or suspects.
11. No tape recordings, cameras, or similar devices are allowed without prior approval from the Chief of Police or his designee.
12. For security and safety reasons, participants are not allowed to handle or use any of the officer's equipment or the equipment in the patrol vehicle.
13. Failure to comply with any of the above listed rules and guidelines will result in the immediate termination of the ride-along.
14. All applicants for ride along will agree to submit to a CCIC/NCIC check for criminal history and warrants.

I, _____ have read, understand, and agree to follow the above rules and guidelines pertaining to the Hudson Police Department Ride-Along Program.

Applicant's Signature

Date

**COVENANT NOT TO SUE, PROMISE TO RELEASE OF LIABILITY
ADULT APPLICANT'S CONSENT**

In consideration of permission which I have received to accompany one or more police officers of the Hudson Police Department in the course of his or their duty. I the undersigned hereby release the Hudson Police Department, its police officers, public officials, officers, servants, employees from any and all liability, claims, demands, actions and causes of actions which I may hereafter have on account of any and all injuries to me or to my property, or my death, arising out of or related to any happening or occurrence while I am accompanying any officer or officers of the Hudson Police Department on duty, or incidental thereto, and for the same consideration, I promise to release, and covenant not to sue the said department and the said persons, and agree to forever hold them and such of them harmless from any such liability, claims, demands, action or causes of action. The terms hereof shall be of full force and effect on the date hereof and on any other occasion when I may hereafter accompany any Hudson Police Department police officer or officers. I have read and understand the conditions of this program as stated above and hereby voluntarily assume all risk of loss, damage or injury to me or to my property, including death, which may be sustained while or incidental to accompanying one or more Hudson Police Department police officers while on duty. This release and agreement shall be binding upon me and my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said City, officers, public officials, and persons herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

Applicant's Signature

Date

RIDE-ALONG APPLICATION

Please complete the following: (Note: Any application that is incomplete will not be processed.)

NAME: _____
(Please Print)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (Home) _____ (Cell) _____

Email Address: _____
(Please Print)

Date of Birth: _____ Age: _____ Sex: _____

Social Security Number: _____ Driver License #: _____

Employed by: _____

Emergency Contact 1: _____ Phone #: _____

Address: _____ Relationship: _____

Emergency Contact 2: _____ Phone #: _____

Address: _____ Relationship: _____

Have you ever been on a ride along with the Hudson Police Department? YES NO

Are you related to a HPD or Hudson Town Employee? YES NO

If yes, whom? _____

Are you a graduate of a Accredited Police Academy? YES NO

Do you have any needs that may require special consideration? YES NO

If yes, explain: _____

Choose Preferred Shift: **DAY** 0700-1400 **SWINGS** 1400-2200 **NIGHT** 2200-0300

Day of the Week Preferred:

1st Choice _____ 2nd Choice _____

Preferred Officer (*Optional*): _____

How Long Do You Expect to Ride: _____ hours

HPD will contact you after a background check is completed. At this time if the request is accepted the scheduled time and date of the ride-along will be established. Please indicate your preferences above regarding your ride along and when you are available. Indicating preferences does not guarantee a ride along at your preferred time or day of the week.

BACKGROUND INFORMATION:

Waiver - I hereby waive any rights and/or cause of action I may have against the Town of Hudson, Colorado or the Town of Hudson Police Department arising from my participation in the Ride Along Program. I hereby acknowledge and understand that my name will be checked for a record of criminal history for the purpose of ensuring the safety of all persons concerned. I also understand that a criminal history is grounds for denial of my application. I am aware that the police department is prohibited from disclosing any information from this check.

1. Have you ever been arrested or convicted of a criminal offense? YES NO
If yes, please indicate the offense, date, location and disposition: _____

2. Are you currently under the care of a physician or taking medication for any physical or mental health problems? YES NO
If yes, provide details: _____

3. Please indicate why you are interested in participating in this Program: _____

AUTHORIZATION

I hereby authorize the Hudson Police Department, its officers, employees, and agents to conduct a background inquiry regarding my character, reputation, and criminal history. I certify that the above information is factual and true.

Applicant Signature

Date

FOR OFFICIAL USE ONLY

Approved? Denied?

Officer Assigned _____

Scheduled Date and Time _____

If Denied, Please Clarify _____
