



RIDE-ALONG PROGRAM
EAST CAROLINA UNIVERSITY POLICE DEPARTMENT
609 E. TENTH STREET
GREENVILLE, NC 27858-4353
PH (252) 328-6964 • FX (252) 328-1974

The East Carolina University Police Department welcomes your participation in the Ride-Along Program. Through this program, we believe that you will gain insight into the operation of this department. We hope that you will find this experience both informative and enjoyable.

The Departmental Application and General Release Forms are required for all passenger observers.

Application and General Release Forms for juvenile riders (persons under the age of 18) must be signed by their parent or guardian.

The assigned officer will maintain control over the observer at all times and instruct him/her in the conditions which necessarily limit his/her participation. These instructions should include:

- Officers will instruct Ride-Along observers of expected behavior prior to the ride.
- The observer will not involve him/herself in any investigation, handling of evidence, discussions with victims or suspects, or handling of any police equipment.
- The observer will follow the instructions of the assigned officer.
- The observer may terminate his/her ride at any time he/she desires and the officer may, at his/her discretion, return the observer to the station should the observer become a hindrance to the performance of his/her duties.
- Assigned officers are not to allow any observer to be present in any residences or situations that would cause undue stress or embarrassment to the observer, a victim, or any other witness.
- Failure to comply with the directives of the officer will end the Ride-Along.

If you have additional questions please feel free to contact us at (252) 328-6964.



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RIDE-ALONG PROGRAM APPLICATION

GENERAL INFORMATION		
Name (last, first, middle initial):		Date:
Street Address:		City, State, Zip:
Home Phone:		Cell Phone:
Drivers License Number:		Issuing State:
Sex:	Race:	Date of Birth:
Date You Request to Ride:		Hours You Request to Ride:
Do you have any past arrests or pending court cases? <input type="checkbox"/> NO <input type="checkbox"/> YES (List Date, Agency, Charge, and Disposition. Attach additional sheets if necessary)		
Do you have any physical limitations? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Condition <input type="checkbox"/> Nervous or Mental Condition <input type="checkbox"/> Other (List)		
Reason You Request to Ride:		
Your Signature:		Date:
Signature of Parent or Legal Guardian (for persons under 18 years of age only):		Date:
*** FOR DEPARTMENTAL USE ONLY ***		
Criminal Records Check Completed By:		Date:
List Criminal Charges/Convictions (including DWI):		
<i>Attach Copy of Criminal Records Check to Application</i>		
Ride-Along Authorized By:		Date:
Date/Time to Ride:		
Officer Assigned:		Squad:

EAST CAROLINA UNIVERSITY POLICE DEPARTMENT

RIDE-ALONG PROGRAM GENERAL RELEASE

WHEREAS the undersigned has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and staffed by a member of the East Carolina University Police Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their official duties as Police Officers.

I, _____, request that I be allowed to accompany police officers of the East Carolina University Police Department on patrol duty. I understand that I assume the risk for any and all liability arising from such activity and I do hereby agree to release and forever discharge its servants, agents, and employees and its successors and assigns from any and all claims, demands, rights, and causes of actions of whatsoever kind and nature, arising from, and causes of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from, and to result, from any occurrence, accident, event or other happening arising out of the grant of the use of such permission by me, hereby expressly releasing the aforesaid from any and all liability.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

Participant Signature _____ Date _____

Signature of Parent or Legal Custodian _____ Date _____
(For persons under 18 years of age, only)

State of North Carolina
County of _____

I, _____, Notary Public, in and for the aforesaid county and state, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20____.

(SEAL)

Notary Public

My Commission Expires:
