



ROWLETT POLICE DEPARTMENT RIDE ALONG AUTHORIZATION PACKET



Applicants Name: _____ Date of application: _____

INSTRUCTIONS

1. Forms must be filled out completely. Incomplete forms will not be processed.
2. You must be a Rowlett Citizen or a Rowlett Police Department applicant involved in our testing process in order to participate in the Ride Along program. You may only participate in a Ride Along once a year. The duration of a Ride Along is four hours or less.
3. The ROWLETT POLICE DEPARTMENT RIDE ALONG PROGRAM EVALUATION form should be filled out after you ride.
4. It is the policy of the Department to distribute ride along participants evenly among the various patrol shifts, but every effort will be made to allow you to ride on the times and days that you requested.
5. Signature on page two (2) of Wavier of Liability must be notarized. Applicants must be 18 years of age or older to ride.
6. Once the application form is completed, signed and notarized, return the packet to the Rowlett Police Department Records Division Monday through Friday between 8:00am and 5:00pm. Forms may also be turned in to the Communications Center 24 hours a day, 7 days a week. They will then be routed to the appropriate divisions for review, approval and scheduling.
7. Why are you requesting a ride along? _____

For Departmental Use Only

1) Records: Local Criminal History

Date: _____ By: _____

2) Communications: TCIC/NCIC Warrant Check

Date: _____ By: _____

3) Assistant Chief of Police approval:

Date: _____ By: _____

4) Participant contacted on _____ by

_____ to schedule the Ride Along.

RIDE ALONG APPLICATION FOR PATROL OBSERVATION

Full Name: _____ Maiden name: _____

Date of birth: ____ / ____ / ____ Drivers license number: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Business Name and Address: _____

Occupation: _____ Social Security Number: ____ - ____ - ____

Personal Physician: _____ Physician's Phone: (____) ____ - ____

Hospital Preference: _____ Blood Type: _____

Email Address: _____

Emergency Contact Information

In case of emergency contact (full name): _____

Address: _____

Phone: (____) ____ - ____ Relationship: _____

Alternate emergency contact (full name): _____

Address: _____

Phone: (____) ____ - ____ Relationship: _____

I hereby authorize the Rowlett Police Department to make any such inquiries as are necessary in order to determine the existence of any criminal record that I may have.

Signature: _____ Date: _____

Please check the day of the week on which you would like to conduct your ride along.

Mon__ Tue__ Wed__ Thu__ Fri__ Sat__ Sun__

Please check the shift on which you would like to conduct your ride along.

6 am – 6 pm __ 6 pm – 6am __

Once your ride along has been scheduled, please report 15 minutes prior to the shift starting time. All participants must be neat in appearance and dress.

**ROWLETT POLICE DEPARTMENT
RIDE ALONG WAIVER OF LIABILITY**

Full Name: _____ Date of birth: ____ / ____ / _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Parent/Guardian's name if applicable: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's relationship to ride along participant: _____

Date of ride along: ____ / ____ / ____ Time: _____

Name of officer observed: _____

Relationship to officer (if applicable): _____

THE STATE OF TEXAS
COUNTY OF DALLAS
CITY OF ROWLETT
KNOWN ALL MEN BY THESE PRESENTS:

That I, the undersigned, as an inducement to the City of Rowlett to allow me to participate in its Ride Along program, and for and in consideration of the privilege of being personally allowed to ride as a guest and voluntarily observer in a police patrol vehicle, and to accompany an officer or officers of the Rowlett Police Department on patrol and in the exercise of their duties, and recognizing that police activity involves certain inherent dangers, including but not limited to: motor vehicle accidents, vehicular pursuits, foot pursuits, apprehension of suspects, answering calls for assistance from citizens and other officers, and the possibility of physical danger, harm, accidents and injuries, do hereby agree to and assume any and all risks attendant to any incident, action occurrence or activity occurring on public, private or other property, which effects me in any manner whatsoever as a result of this privilege, and do hereby release the City of Rowlett, its officials, Police Department, agents and employees, in both their public and private capacities, from any liability, claims, suits, demands or causes of action which may arise in any manner whatsoever from riding with or accompanying an officer or officers of the Rowlett Police Department as a guest and voluntary observer, including liability, claims, suits, demands or causes of action which arise from the negligence or acts or omissions of the City of Rowlett, its agents, employees, and officials.

It is further agreed that the execution of this release shall not constitute a waiver by the City of Rowlett, its agents, officials and employees, of the defense of governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statue, Art. 6701b, V.A.T.S., or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

(Continued on next page)

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this waiver voluntarily, and that I have not relied upon any representations made by the City of Rowlett, or its agents, officials, or employees in signing this release. I further certify that I am an adult, or have been authorized to participate by my adult guardian whose signature is below, and am in sound mental health, fully capable of making this waiver of liability.

Voluntary Observer
(Typed Name)

SWORN AND SUBSCRIBED before me, the undersigned authority, on this the _____ day
of _____, 20__.

Notary signature

My commission expires: _____

Parent or Guardian (if applicable)
(Typed Name)

SWORN AND SUBSCRIBED before me, the undersigned authority, on this the _____ day
of _____, 20__.

Notary signature

My commission expires: _____



ROWLETT POLICE DEPARTMENT RIDE ALONG QUESTIONNAIRE



This information is confidential and will be forwarded to the Patrol Division Commander. Please answer honestly and give your own opinion.

1. What is your general opinion of the Ride Along experience?

Comments: _____

2. Did you observe something that you feel should be changed? Yes _____ No _____

Comments: _____

3. Do you feel there is a general hostile attitude toward Police? Yes _____ No _____

Comments: _____

4. Do you feel that your attitude towards the police has changed? Yes _____ No _____

Comments: _____

5. Do you feel that the officers treated the citizens fairly and impartially? Yes _____ No _____

Comments: _____

6. Was the service or advice given by the officers satisfactory? Yes _____ No _____

Comments: _____

(Continued on next page)

4. Do you feel that Rowlett Police Officers are adequately trained? Yes _____ No _____

Comments: _____

5. Do you feel that we should continue or expand the Ride Along Program? Yes _____ No _____

Comments: _____

4. If you could change one thing about the Rowlett Police Department, what would it be?

Comments: _____

Thank you for your participation in the Rowlett Police Department's Ride Along Program. We appreciate your comments.