



RIDE-ALONG PROGRAM LETTER OF INSTRUCTIONS

This Ride-Along Program is being offered to you by the Johnstown Police Department. As a participant, you are expected to adhere to the following instructions:

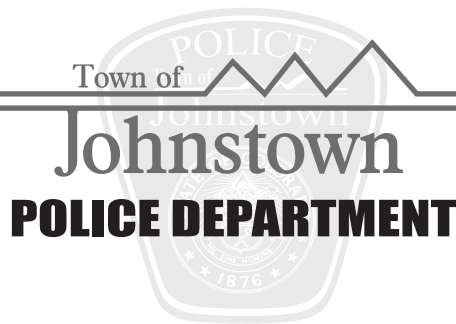
1. You must sign a Waiver of Liability form. The waiver must be signed and submitted in person prior to you being able to accompany a police officer.
2. Tape recorders and/or cameras will not be allowed unless specifically authorized by the Chief of Police
3. It is very important that you do not interfere in the officer's activities. Please ask any questions you may have at a time that will not interfere.
4. You are prohibited from engaging in any police activity. You may not leave the police car or talk with prisoners, suspects, witnesses or other parties contacted on police business unless specifically requested by the officer.
5. You are riding in the capacity of an observer only. The officer is in complete control at all times. You must obey all instructions of the officer.
6. In the event of an inherently dangerous situation at either the officer's or supervisor's discretion, you will be required to be dropped off immediately.

I agree to ride with whichever police officer is designated by the Johnstown Police Department.

Applicant Signature: _____ Date: ____/____/____

Applicant Cleared: Yes ☐ No ☐

Supervisor Approval: _____ Date: ____/____/____



RIDE-ALONG APPLICATION

The Johnstown Police Department is pleased that you have chosen to participate in our Ride-Along Program. The purpose of the program is to provide interested citizens with an insight into the operation of the department. It is our hope that you will find this experience both informative and enjoyable. Please read the information and guidelines before completing this form.

I am aware of the risks and hazards inherent in accompanying one or more police department officers when on duty, and do hereby voluntarily assume all risks of loss, damage or injury to me or my property, including death, which may be sustained while I accompany said officer(s).

Adult ☐ Juvenile ☐

Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Day) () - (Night) () - Date of Birth: ____/____/____

SSN: ____/____/____

In Case of Emergency Contact:

Name: _____ Phone: () -

FOR JUVENILE PARENT OR GUARDIAN CONSENT

I, the undersigned, do certify that I am the parent or legal guardian of the above applicant, that I have read and understood the listed waiver of liability and responsibility, that I consent and agree to the terms stated therein.

Signature: _____ Date: ____/____/____

I request to ride on (date): ____/____/____

Day Shift ☐ Night Shift ☐ With Officer: _____