



Montgomery Township Police Department Ride-Along Program



Residents 18 years of age or older who are interested in the functions of the police department are invited to apply a ride-along request/waiver of liability with the department and, upon approval, ride with one of the uniformed officers on patrol. Non-residents attending criminal justice classes or employed in the criminal justice system may also request a ride-along. Applicants will be subjected to a criminal background check and are limited to one ride-along per calendar year. Once a request is approved, the participant will be notified and scheduled to ride.

Eligible Participants

To be considered for the Ride Along Program, applicants:

- Must be at least 18 years of age;
- Must pass a limited background check. Applicants with outstanding warrants, crime convictions, violent crime arrests, or pending criminal charges will be denied.
- Must have an acceptable history of sound mental health.
- Must complete and submit Request for Ride-Along Form
- Must be willing to comply with the program rules and guidelines (outlined below);
- Montgomery Township reserves the right to reject any Ride-Along request.

Program Rules and Guidelines

1. Arrange for transportation to and from the Montgomery Township Police Department.
2. To comply with department policies and procedures, you **MUST** utilize the safety belts and safety equipment in the police vehicle.
3. You **WILL NOT** be able to photograph, videotape, or tape record any portion of the Ride Along unless approved by the Chief of Police.
4. Specific police calls are considered inherently dangerous, and your police partner may respond to the call after dropping you off at a safe place. Follow the procedure outlined by your police partner and wait for a police vehicle to pick you up. Participants must stay in the police vehicle unless otherwise instructed.
5. You are encouraged to ask questions about police work.
6. **DO NOT** interfere with the officer's handling of a situation. You may ask questions concerning a specific assignment after it has been completed and you have left the scene.
7. You may observe an event on your Ride-Along that may require your appearance in court as a witness.
8. The waiver of liability, which is a part of the Request for Ride-Along form, is to be completed by you and notarized. This waiver releases the Montgomery Township Police Department and Montgomery Township from liability.
9. Wear neat, clean, appropriate clothing.
10. Ride-Along participants **may not carry a firearm or any other weapon.**
11. Participants must provide the assigned officer with proper identification before the Ride-Along.



Montgomery Township Police Department

Ride Along Request

Last Name:

First Name:

Middle:

Date of Birth:

Driver's License Number:

State:

Address:

City:

State:

Zip:

Phone Number:

E-Mail Address:

Please explain briefly why you wish to participate in the Montgomery Township Police Department Ride-Along Program:

Have you ever been arrested for, convicted of, or cited for any offense, other than traffic fines of \$200.00 or less:

Yes

No

If yes, please explain in detail, listing appropriate dates, charges, places and actions taken:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment in or dismissal from the Ride-Along Program.

Applicant Signature: _____

Date: _____



MONTGOMERY TOWNSHIP POLICE DEPARTMENT

J. Scott Bendig
Chief of Police

1001 Stump Road • P.O. Box 68 • Montgomeryville, PA 18936
215-362-2301 • Fax 215-362-6383

MONTGOMERY TOWNSHIP RIDE-ALONG PROGRAM LIABILITY RELEASE AND PERMISSION FORM FOR ADULT PARTICIPANTS

Montgomery Township is sponsoring a civilian "ride-along" program. All participants must sign this liability release and permission form and submit the executed form to the Township representatives before they participate in the program.

I, the undersigned participant, voluntarily agree to participate in this program, and that I understand and assume all of the risks of my participation in that program.

I certify that I am in good health and am able to participate in this program and I hereby acknowledge that my participation in this program involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent disability and/or death.

I understand that no health, and/or accident insurance is provided for program participants and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

NOW THEREFORE, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of the my participation therein, I hereby, for myself, my heirs, executors, administrators, and assigns forever remise, release and discharge Montgomery Township, and its successors and assigns, directors, officers, members, agents and representatives and employees of the police department, and their heirs, executors, administrators, and assigns, from any and all of manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against Montgomery Township, or its directors, officers, members, agents, or other representatives, by reason of any loss resulting from personal injury or damage to any personal property belonging to me, which may occur during or by reason of my participation in this program.

I agree that Montgomery Township shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation in the program for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the program as a whole.

I hereby grant Montgomery Township and any of its directors, officers, members, agents, and other representatives of the police department, full authority to take whatever action they consider to be warranted regarding my health and safety, and I fully release all of them from any liability for such actions taken on my behalf.

Participant Name _____ Signature _____

I have signed this waiver and release on the _____ day of _____, 20_____.

NOTE: THIS FORM MUST BE NOTARIZED

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC

FOR DEPARTMENT USE ONLY

Officer Assigned _____ Shift Commander _____

Command Staff Approval _____ Date _____