



Chesterfield Police Department

Citizen Ride-Along Program

The Chesterfield Police Department offers the opportunity to its residents to Ride-Along with one of our patrol officers for up to four hours during the hours of 7 AM until 11 PM any day of the week. The program is specifically designed for community and neighborhood leaders or those interested in a possible career in law enforcement.

We believe that those residents who get to know us better, whether it's through the Ride-Along program, our citizen police academy, the CERT program or as an official police volunteer (VIP Program) are more likely to have a better understanding of our mission and will likely work as partners with us to achieve our goal of remaining a safe community.

Ride-Alongs are scheduled by our Patrol Lieutenants and are subject to manpower availability. All Ride-Along candidates must be at least 18 years of age. (Applicant under 21 years of age must obtain written authorization from a parent/guardian) and an individual may participate only once quarterly. All Ride-Alongs must complete and sign the Department's liability release and indemnification forms prior to participating in the program.

Ride-Along participants may not carry any type of weapon or firearm, even if licensed by the state to do so. This restriction shall not apply to commissioned police officers or Federal agents. Ride-Along candidates will be subject to criminal record checks prior to approval. To protect the privacy of the public, Ride-Alongs will not be permitted to use video cameras, cameras, or taping devices without the express written permission of the Chief of Police.

(Once a ride-along request form is received, you will be contacted by a Patrol Commander to schedule your ride-along. Do not come in for a ride-along unless your participation in the program is confirmed by a Chesterfield Police Patrol Commander.)

Request to Ride-Along Form Attached



**CITY OF CHESTERFIELD
DEPARTMENT OF POLICE**



REQUEST TO RIDE ALONG

Date of Application			
RIDE-ALONG APPLICANT INFORMATION			
Name			
Address			
City		State	Zip
SSN	Age	DOB	
Home Phone		Work or Cell Phone	
Business/School/Organization/Etc.			
Reason for Request to Ride-Along:			
Date & Time Requested to Ride:			
Applicant's Signature:			Date:
Signature of Parent or Guardian: (Required if applicant is under the age of twenty-one)			Date:
SECTION BELOW FOR POLICE DEPARTMENT PROCESSING ONLY			
Record Check Completed By:			Date:
Approval	Patrol Commander's Signature:		
Supervisor Assigned to:		Officer Assigned to:	
Ride Along Completed: ___ Yes ___ No Date/Time:			
Route Completed Forms After Ride-Along/No-Show to Record Room (attach Release form)			

PERMIT, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____ of _____,
PRINT FULL NAME CITY, STATE

State that I am over the age of 18 years and in consideration of being granted permission to ride along in a Chesterfield vehicle and of accompanying a Chesterfield Police Officer for the purpose of observing and becoming familiar with the operations of a Chesterfield Police Officer in the actual performance of his or her duties, do hereby release and discharge the City of Chesterfield, the Chesterfield Police Department, and all their officers and employees from liability to me, my assigns, my heirs, my executors and personal representatives, now and forever, for all loss or damages, in any claim or demands, therefore, on account of injury or other casualty to myself or my property, whether by negligence or otherwise, during such time that I may be in a vehicle of the Chesterfield Police Department or in the company of an officer of the Chesterfield Police Department for the above mentioned purposes, while said officer is officially discharging his/her duties.

I recognize and acknowledge that my participation in the Ride Along Program involves a risk of death, injury, loss or damage to my person or property, whether due to negligence or otherwise, and neither myself nor any of my representatives shall have any right or claim against the City of Chesterfield, the Chesterfield Police Department, any of their officers or employees, in respect of or arising out of any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the City of Chesterfield, the Chesterfield Police Department, and all of their officers and employees on account of any debt, expense, claim, obligation, or any sum of money which they individually and collectively may be required to pay on account of any liability or damage by reason of any injury to me or damage to my property, whether by negligence or otherwise, while I may be in a Chesterfield vehicle or in the company of a Chesterfield Police Officer, while said officer is officially discharging his/her duties.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT / GUARDIAN

DATE

Note: If applicant is under age twenty-one (21), the applicant's parent or guardian must sign.

WITNESS

DATE