

CITY of CAPE GIRARDEAU

APPLICATION TO RIDE

POLICE DEPARTMENT

NAME (Last Name, First Name, Middle Initial): _____ DATE RIDING: _____

ADDRESS: _____ TELEPHONE: _____

BIRTHDATE: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____

EMPLOYER/SCHOOL: _____ TELEPHONE: _____

EMPLOYER/SCHOOL ADDRESS: _____

RELEASE AND INDEMNIFICATION

I hereby request to ride in a City of Cape Girardeau, Missouri, police vehicle with a Cape Girardeau Police Officer, or other employee. I clearly understand and agree that at all times I will remain within the police vehicle and follow the commands of the officer, or other employee. At no time will I attempt to interject, or introduce myself into the normal operations of the Police Officer, or other employee, in the actual performance of his/her duties.

In consideration of being granted permission to ride in a vehicle of the City of Cape Girardeau and accompanying a Cape Girardeau Police Officer, or other employee, in the actual performance of his/her duties, I DO HEREBY RELEASE, DISCHARGE, INDEMNIFY, AND SAVE HARMLESS THE CITY OF CAPE GIRARDEAU, MISSOURI AND THE CAPE GIRARDEAU POLICE DEPARTMENT AND ITS OFFICERS AND EMPLOYEES from all liability to me, my employer, my heirs, assigns, executors, and personal representatives NOW AND FOREVER for all loss and damage to my person or property, whether by negligence, or otherwise, during such time that I may be in a company of a Cape Girardeau Police Officer or other employee while said person is officially discharging his/her duties.

I hereby authorize the Cape Girardeau Police Department to conduct a background investigation into my moral and criminal background. I understand the Cape Girardeau Police Department has the right to deny my Application to Ride at any time. I also understand I must show proof of identity at the time I sign the Application to Ride and Release and Indemnification.

Witness my hand the _____ day of _____, 20____, to the foregoing Application to Ride and Release and Indemnification.

(Witnessing Officer's Signature)

(Signature of Applicant)

If the applicant is under the age of 18, a Parent or Legal Guardian must show proof of identity, and sign this form in the presence of the Witnessing Officer.

(Witnessing Officer's Signature)

(Signature of Parent/Legal Guardian)

_____ SEMO Criminal Justice Ride-A-Long Program

_____ SEMO LE Academy candidate/applicant

_____ Law Enforcement Officer
Name of Agency: _____

_____ Other, explain _____

FOR OFFICE USE ONLY

- ☐ Approved
☐ Disapproved
☐ Other

Date Riding: _____

Application Expires: _____

(Signature of Program Coordinator)

*****PROGRAM RULES AND GUIDELINES ON BACK*****

Revised: 01.11.23

PROGRAM RULES AND GUIDELINES

1. Submitting a request does not guarantee ride-along approval.
2. Persons who have never participated in the Ride-Along Program shall be given preference over those who have.
3. Participant shall be limited to one ride-along per year.
4. The date and shift requested by the applicant shall be accommodated when possible within preference guidelines.
5. Participants must have a valid photo ID or driver's license with them when reporting for their scheduled ride-along.
6. Wear neat, clean, appropriate clothing. Open-toe shoes, shorts, sweat suits or jogging suits, tank tops, halter tops, or clothing which is torn, soiled or displays offensive language or symbols shall not be allowed. **Casual business attire is recommended!**
7. Participants shall be considered observers only and shall be under the direct supervision of the assigned officer during the ride-along.
8. Participants shall conduct themselves in a civil and courteous manner at all times.
9. Participants must wear their seat belts at all times while in the patrol car.
10. Participants must remain in the patrol car unless instructed to exit by an officer.
11. In the case of a potentially dangerous or hazardous call, participants may be dropped off at a safe location. If this occurs, the officer will give the participant specific instructions and arrange for transportation from another officer. Please note that this is for the rider's safety.
12. Participants must not become involved in any incident the officer is handling. This includes discussions of an incident with victims, witnesses, or suspects.
13. No tape recordings, cameras, or similar devices are allowed without prior approval from the Chief of Police or his designee.
14. For security and safety reasons, participants are not allowed to handle or use any of the officer's equipment or the equipment in the patrol vehicle.
15. All participants in the Ride-Along Program must read, agree, and abide by all rules and guidelines and complete this Ride-Along Application prior to the ride-along.
16. Failure to comply with any of the above listed rules and guidelines will result in the immediate termination of the ride-along.

My signature indicates I have read and understand the above-listed rules and guidelines as they pertain to the Ride-Along Program of the Cape Girardeau Police Department.

(Signature of Applicant)

(Signature of Witnessing Officer)

To check the status of your application, please contact the Program Coordinator, Ptlm. Bobby Newton, at 573-335-6621, Extension 1393; Monday through Friday, 8 a.m. to 4 p.m.

Revised: 01.11.23