

NORTH LITTLE ROCK POLICE DEPARTMENT RIDE ALONG PROGRAM

PARTICIPANT GUIDELINES

- All applications to participate in the NLRPD ride along program must have at least one week advance approval before one can participate.
- One week prior to your scheduled/requested ride time you must contact the NLRPD Patrol Captain or his designee at 501-771-7171 to confirm approval, assignment, and your report time.
- No participant may ride along more than once every two months with the exception of police applicants.
- The Ride Along participant will report to the assigned zone Lieutenant or Sergeant fifteen minutes prior to the start of the shift they have been assigned.
- The ride along participant will carry identification including doctor preference, the nature of any medical problems, and the name of the person to notify in case of emergency.
- Ride along participants should dress in neat, clean, clothing. Collared shirts, slacks or jeans, and appropriate shoes. No shorts or T-shirts will be allowed.
- Cameras and recorders are prohibited.
- The ride along participant is required to wear a seat belt at all times while riding in the police vehicle.
- The use of any tobacco products in any city vehicle or building is prohibited.
- The use of tobacco products will not be allowed when making contact with citizens.

**NORTH LITTLE ROCK POLICE DEPARTMENT
RIDE ALONG PROGRAM
APPLICATION**

Date _____ ()Patrol ()Citizens Police Academy ()Police Applicant

Last Name First Name MI

Date of Birth Sex Race

Driver's License Number State

Home Address City/State/Zip

Home Phone Cell Phone Other Contact Phone

Email address

Employer/Occupation Work Telephone

How did you hear about the NLRPD Ride Along Program?

Have you ever applied for a North Little Rock Police Officer position? ()Yes ()No
If yes, what month and year? _____

Why do wish to participate in the NLRPD Ride Along program?

Do you have any personal experience in the field of Law Enforcement?

Have you been arrested for anything other than traffic citations? () Yes () No

If yes, what was the violation? When and where did the offense occur?

AUTHORIZATION FOR CRIMINAL HISTORY CHECK

I hereby certify that the information contained in this application is true and complete to the best of my knowledge.

I hereby authorize the North Little Rock Police Department to access information from all criminal databases, including but not limited to ACIC/NCIC regarding my criminal background and associated information.

It is understood and agreed that this authorization and the information obtained may be used to determine qualification for the NLRPD Ride Along program. The information received will be kept strictly confidential.

Signature

Date

*******RETURN COMPLETED APPLICATION TO:*******

**NORTH LITTLE ROCK POLICE DEPARTMENT
OFFICE OF PATROL CAPTAIN
200 WEST PERSHING BOULEVARD
NORTH LITTLE ROCK, AR 72114
501-771-7172**

DO NOT WRITE BELOW THIS LINE- OFFICIAL USE ONLY

RIDE ALONG APPROVED: YES _____ NO _____

RIDE ALONG: DATE _____ TIME _____ AREA _____

OFFICER ASSIGNED: _____

NLRPD APPLICANT: YES _____ TEST DATE _____ NO _____

RIDE ALONG APPLICANT CONTACTED BY: _____

INSTRUCTIONS TO RIDE ALONG PARTICIPANTS

READ THIS CAREFULLY!!! You will not be permitted to participate in the program unless this form and the attached waiver are correctly and fully completed. Initial each item after reading; then sign and date this form if you understand and agree to follow the listed instructions.

- _____ I understand that I must stay in the patrol car at all times unless the officer(s) give(s) me permission to get out.
- _____ If I am given permission to leave the patrol car to observe the officer working, I will do so from a safe distance.
- _____ I will not leave the officer's presence without the officer's permission and knowledge while I am a participant.
- _____ I agree to wear my seat belt at all times while riding in the patrol car.
- _____ I have not consumed any alcohol or any other drug or medication that might impair my ability to function safely within the past 24 hours.
- _____ I have no health conditions which could create an emergency situation during the ride along program. Please indicate any health conditions you are aware of such as diabetes, pregnancy, heart problems, etc. _____
- _____ I am not carrying any weapons and understand that I may not use any weapon while participating in the ride along program.
- _____ I understand that I may not operate the police radio except in cases of emergency. (you may summon help by pushing the red Emergency button on the police radio. Use this button only if the officer tells you to do so, or if the officer is unable to give instructions, or you or the officer are in immediate danger of injury.)
- _____ I will not attempt to assist the officer in any manner which may present a threat to my safety.
- _____ I understand that I should avoid any contact with any person(s) the officer might arrest while I am a participant.
- _____ I understand that I have no police powers or authority.
- _____ I understand that I am not entitled to legal representation from the City of North Little Rock should I be implicated in any civil or criminal litigation arising out of my participation in the Ride Along Program.
- _____ My safety and that of the officer are of primary concern, and I will do everything possible to minimize any risks to our safety.

I HAVE READ THE ABOVE INSTRUCTIONS AND HAVE INITIALED EACH OF THEM. I UNDERSTAND AND AGREE TO FOLLOW THEM.

Signature

Date

Witness

Date

Witness

Date

**North Little Rock Police Department
Ride Along Program**

Waiver of Liability

I, _____, do hereby request permission from the North Little Rock Police Department to observe the activities of its officers while on duty. In consideration for such permission, I agree to follow all instructions given by any officer; I accept full responsibility for my own personal safety; and I waive all rights or claims in the event of any accident, incident, or injury. I do hereby release Chief Mike Davis, his successor, the North Little Rock Police Department, the City of North Little Rock, and all individual members of the Police Department from any and all liability for any injury that I might sustain while observing police activities. I understand that police activities are inherently dangerous and I hereby assume the risks associated with observing them.

In the event of an accident or injury, I hereby authorize the NLRPD to take me to the nearest medical facility and to notify:

Name: _____ Phone number: _____

Address: _____

I have read and understand the above wavier and agree to follow the instructions I am given. I understand that in the event that I am injured, I forfeit any right to bring criminal or civil action for damages against the parties named or described above, even if my injury occurs as a result of negligence.

Signature Date

List the date and approximate time you wish to participate in the Ride Along Program:

_____ () Patrol ride along ()Citizens Police Academy ride along
Date Time

Official Use Only

Witnessed by Time

Witnessed by

Authorized by

Officer assigned to Unit Number

Date Time on Time off