

UNIVERSITY POLICE DEPARTMENT  
STATE UNIVERSITY OF NEW YORK AT NEW PALTZ  
1 HAWK DRIVE NEW PALTZ, NY 12561  
(845) 257-2222 OFFICE  
(845) 257-3334 FAX



**RIDE-ALONG APPLICATION AND RULES**  
(Complete and submit all four pages)

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

Do hereby request permission to "Ride-Along" in a University Police Department patrol vehicle. It is understood that in consideration of my being permitted to ride in this vehicle I will complete the UPD "Agreement assuming risk of injury or damage, waiver and release of claims and indemnity agreement" and abide by all rules set forth by the University Police Department.

Reason for requesting a Ride-Along: \_\_\_\_\_

Ride-alongs are typically offered on all shifts; A line 7:00 p.m. to 7:00 a.m. and B line 7:00 a.m. to 7:00 p.m. Ride-alongs are available any day of the week. At least one weeks' notice must be provided for your ride along to be approved. You MUST provide a copy of your NYS driver's license or valid ID along with this application.

Ride-along 1 <sup>st</sup> choice:	Ride-along 2 <sup>nd</sup> choice:	Ride-along 3 <sup>rd</sup> choice:
Date: _____	Date: _____	Date: _____
Times: _____	Times: _____	Times: _____

Request a Specific UPD Officer: (*enter officer's name*) \_\_\_\_\_

Please list a personal contact in the event of an emergency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Parent Signature if under 18 Y.O.: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**RIDE-ALONG RULES AND ELIGIBILITY**

1. Every attempt will be made to accommodate interested persons however any applicant may be disqualified without cause. The following factors *may* be considered in disqualifying an applicant and are not limited to:
  - a. *Being under 17 years of age*
  - b. *Prior criminal history*
  - c. *Pending criminal action*
  - d. *Pending lawsuit against the Department*
  - e. *Denial by any Lieutenant or the Chief of Police.*
2. Any person approved to ride-along is required to be suitably dressed in collared shirt, blouse or jacket, slacks and shoes. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted. Hats and ball caps will not be worn in the police vehicle. The Chief, Lieutenant or OIC may refuse a ride-along to anyone not properly dressed.
  - a. All Ride-along applicants are subject to a criminal history check. The criminal history check may include a local records check, department of motor vehicles check and a New York State DCJS criminal history check. Any and all fees that may arise for such checks will be paid by the applicant.
3. The ride-along will follow the directions of the officer.
  - a) The ride-along will not become involved in any investigation, handling of evidence, discussions with victims or suspects or handling any police equipment.
  - b) The ride-along may be terminated the ride at any time and the officer may return the observer to their home or to the station if the ride-along interferes with the performance of the officer's duties.
  - c) Ride-alongs may be allowed to continue riding during the transportation and booking process provided this does not jeopardize their safety.
  - d) Officers will not allow any ride-alongs to be present in any residences or situations that would jeopardize their safety or cause undue stress or embarrassment to a victim or any other citizen.
  - e) Under no circumstance shall a civilian ride-along be permitted to enter a private residence with an officer without the expressed consent of the resident or other authorized person.
  - f) Ride-alongs are prohibited from carrying any firearms, pepper/mace spray or any police type equipment.
  - g) Ride-alongs are prohibited from identifying themselves as a law enforcement official.

<b>ADMINISTRATIVE USE ONLY</b>	
<b>APPROVED</b>	<b>DENIED</b>
<b>Reason for Denial:</b> _____	
<b>Comments:</b> _____	
<b>Date:</b> _____	
<b>Chief or designee Signature:</b> _____ <b>Print Name:</b> _____	

**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE.**  
**WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**

**\*\*CAUTION\*\* READ THIS DOCUMENT IN ITS ENTIRETY BEFORE SIGNING**

I, \_\_\_\_\_ acknowledge that I am not a member of the University Police Department of The State University of New York and that I have requested permission to intern with and ride as a guest in a vehicle assigned to the University Police Department.

The University Police Department and the State of New York are willing to allow me to ride as a guest in a vehicle assigned to that department and to accompany a member or members of that department but only upon the following conditions:

NOW, THEREFORE, on consideration of the permission given to ride in a vehicle assigned to the University Police Department and to accompany a member or members of said department, I understand and agree:

1. That the work of the University Police Department is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the University Police Department. I freely, voluntarily and with such knowledge assume the risk of death, personal injury or property damage arising from or in any way connected with the use of weapons, unlawful acts or forcible resistance by law violators or suspected law violators, assault, or the escape of radioactive substances while accompanying a member or members of the University Police Department. I voluntarily assume all risk of injury and death arising during the course of my involvement with the University Police Department.
2. That the University Police Department, the Chief of the University Police Department, his sureties and insurers, all members of the University Police Department, their sureties and insurers and each of them shall not be responsible nor liable for any injury, damage, loss, or expense either to me or my property incurred while riding in any vehicle assigned to the University Police Department or while accompanying any member or members of said department even if the death, injury or damage results from a negligent act or omission on the part of any member of The State of New York or the University Police Department. I understand that this means I cannot sue The State of New York, The State University of New York, College at New Paltz, the University Police Department or the officers, agents or employees of either organization for any injury or damage, even if the injury or damage is caused by, or contributed to by reason of carelessness, negligence, recklessness or any other culpable conduct of The State of New York, The State University of New York, College at New Paltz, the University Police Department or their officers, agents or employees. I am giving up this right to sue as an inducement to The State of New York, The State University of New York, College at New Paltz, the University Police Department to permit me to accompany the members of the New Paltz Police Department.
3. In addition to the foregoing, I agree to defend and indemnify The State of New York, The State University of New York, College at New Paltz, the University Police Department, the Chief of Police of the University Police Department, all employees and members of the University Police Department, their sureties or insurers and each of them against any and all manner of actions, causes of actions, suits, debts, claims, demands or damage or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the University Police Department or while accompanying any members of said police department.
4. This agreement shall cover all activities and automobiles trips made by me in vehicles owned by the University Police or other vehicles used by members of the University Police Department during the period beginning on \_\_\_\_\_ and ending on or about \_\_\_\_\_.

I HEREBY REPRESENT THAT I have carefully read and understand the contents of this document and sign the same of my own free will.

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

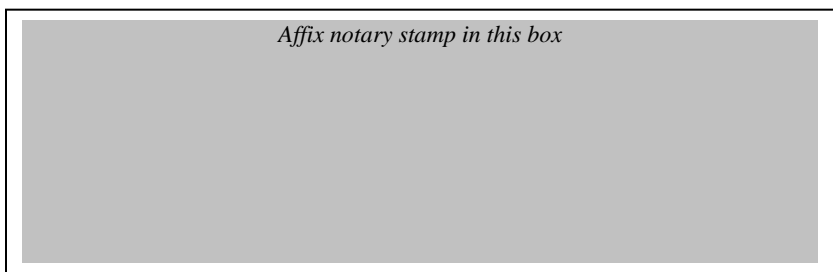
Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Signature if under 18: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_



Notary Signature: \_\_\_\_\_