

RIDE-ALONG PROGRAM

Letter of Instruction

The Ride-Along Program is being offered to you as a privilege by the Aurora Police Department as a participant. In the program you are expected to adhere to the following:

1. You must sign a Waiver of Liability form.
*Persons under 18 years of age must have the form signed by a parent or guardian. It may be signed and submitted by the parent when you arrive for your ride. You must have your ID's with you. No one under the age of 16 may participate in the program.
2. Please arrive at the District Station you requested to ride from at least 15 minutes prior to your ride time. You must have a state issued photo ID when arriving. This will provide adequate time to complete any necessary forms and/or receive any required briefings. The District Station addresses and phone numbers are:

District 1, 13347 E. Montview Boulevard, 303-739-1800. Located on the old Fitzsimons Army Hospital campus at Wheeling Street and Montview Boulevard.

District 2, 15001 E. Alameda Parkway, 303-739-6050. Located behind City Hall near Chambers Road and Alameda Parkway, enter from the Alameda Parkway side.

District 3, 23911 E. Arapahoe Road, 303-627-3200. Located near E470 and Arapahoe Road.
3. You will be notified of your ride time.
4. You will be returned to the station at the end of the ride-along. In the event that the ride is terminated for some reason or you do not wish to complete the ride, you will be returned to the station earlier than scheduled, if practical.
5. Please wear conservative clothing suitable for contacting the public and the weather conditions. Tank tops, T-shirts, sleeveless shirts, exposed midriffs, cut off shorts, worn out jeans and high heel shoes are not acceptable clothing. Clothing described as business casual is recommended.
6. You may not carry any weapons unless you are a commissioned peace officer and have advised the officer you are riding with that you are carrying a weapon; you must have your department employee ID with you.
7. Tape recorders and/or cameras will not be allowed unless authorized by the Chief of Police.
8. It is important that you do not interfere in the officer's activities. Please hold any questions you may have after the officer has completed the call or is no longer in contact with a suspect, prisoner or witness. Please note that the officer may not be able to answer questions at the time you ask; or due to privacy concerns, may not be able to fully answer your question.
9. You may not engage in any police activity unless specifically directed by an officer.
10. You may not leave the police car or talk with victims, prisoners, suspects, witnesses or other persons contacted regarding police business without first obtaining permission from the officer.
11. You may ride only once every six months. This gives an opportunity to others that may wish to ride.
12. You are riding in the capacity of an observer only. The officer is in complete control at all times.
13. Failure to adhere to the above rules will result in termination of the ride and may result in suspension of all future ride requests.

AURORA POLICE DEPARTMENT

Citizen Ride-Along Application

History Ordered: _____
Applicant Notified: _____

Initials and Date
Entered in Log: _____

Date of application: _____

·Note: This request should be submitted to the appropriate Bureau/District at least 2 weeks prior to the day you wish to ride. You will be contacted after the request is processed.

Please tell us where and when you would like to ride:

- PATROL (check one) District 1, 13347 E. Montview Blvd. (west side of 1-225)
 District 2, 15001 E. Alameda Parkway (east side of 1-225 north of Jewell)
 District 3, 23911 E. Arapahoe Rd. (east side of 1-225 south of Jewell)
 APD Crime Lab, 15001 E. Alameda Parkway

Please PRINT the following:

FULL NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Number & Street)

DATE OF BIRTH: _____ AGE: _____ RACE: _____ GENDER: _____

WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

DRIVER'S LICENSE # (or other ID): _____ / _____
(Number) (State)

OCCUPATION/EMPLOYER: _____

DATE YOU PREFER TO RIDE: _____ From: _____ a.m./p.m. To: _____ a.m./p.m.

Ride times for Patrol start at: 6:30 a.m. 8 a.m. (District 1 & 2), 3 p.m., 5 p.m. (District 1 only) or 10 p.m. **All rides are 4 hours in duration.**
 (Note: Please leave ride preference blank for Crime Lab requests)

Reason for Ride a Long: _____

I PREFER TO RIDE WITH OFFICER: _____

·(Relationship to Officer if any): _____

*DATE OF LAST RIDE-ALONG (if applicable) _____
Must wait 6 months between rides

FOR OFFICE USE ONLY

Approved Denied

A _____
P Command Officer's Signature / Date
P _____
R Command Officer's Name Printed / Date
O _____
V Identification verified by APD personnel
A _____
L By: _____ Date: _____

O _____
F Officer's Signature
F _____
I Officer's Printed Name
C _____
E _____
R Ride Date & Shift

COVENANT NOT TO SUE, PROMISE TO RELEASE, AND RELEASE

In consideration of permission which I have received to accompany one or more Police Officers of the Aurora Police Department, of the city of Aurora, Colorado, a municipal corporation, in the course of their duty, I, the undersigned, to, by these present, release the City of Aurora, its Police Officers, and public officials from all liability in any causes of action which I may hereafter have on account of any and all injuries and damage to me or to my property, on or account of my death, arising out of or related to any happening or occurrence while I am accompanying any Police Officer of the Aurora Police Department on duty, or incidental thereto, and for the same consideration, I promise to release and covenant not to sue the said City and the said persons, and agree to forever hold them and each of them harmless from any such liability, claims, demands, actions or causes of action.

The terms hereof shall be in full force and effect on the date hereof and on any other occasion when I may hereafter accompany any Aurora Police Department Police Officer.

I am aware of the risks and hazards inherent in accompanying one or more Police Department Police Officers when on duty, and do hereby voluntarily assume all risk of loss, damage or injury to me or my property, including death, which may be sustained while or incidental to accompanying one or more Aurora Police Department Police Officers while on duty.

This release and agreement shall be binding upon me and my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said City, officers and agents, public officials and persons herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

DATED this _____ day of _____, 2_____.

_____ Signature	_____ Date of Birth	_____ Age	
_____ Address	_____ City	_____ State	_____ Zip Code
_____ School / Grade	_____ Requested Date of Ride	_____ Time of Ride	
_____ Home/Cell Phone Number	_____ Work Phone Number		

Parent or Guardian's Consent

I/We, the undersigned, represent that I/we are legally appointed or natural guardian/guardians of the above- named person who is under the age of eighteen (18) years; that he/she has signed the within and foregoing document with our full knowledge and consent; and that I/we join in the execution of the same and agree to the terms thereof and do hereby find myself/ourselves in independent agreement to the same terms and provisions for myself/ourselves and my/our heirs, executors, personal representatives, and assigns.

_____ Signature	_____ Date
_____ Signature	_____ Date