Ride-Along Program Eligibility and Application Procedure

A. Program Eligibility

Applicants for the ride-along program must meet one of the following criteria to participate in the program:

1. A George Mason University Police Department applicant.
2. A criminal justice major/student.
3. A member of a federal, local, or state law enforcement agency.
4. A George Mason University employee who requires knowledge of police operations.
5. A guest of the department.

B. Application Procedure

Applicants must complete a Ride-Along Program Application and submit the completed application to the police department at least ten (10) business days prior to the requested ride-along date.

DO NOT sign the Waiver Section of the application. You will be required to sign this section in the presence of two police officers when you report for your ride-along.

You must have your driver’s license or other valid photo identification when you report for your ride-along.

You must be at least eighteen (18) years of age to participate in this program, or if under eighteen you must have a parental waiver signed in the presence of two officers.

When you arrive for your ride-along, you will be asked to sign the Waiver Section in the presence of an officer.

Once you have completed ALL required sections, turn the entire application into the George Mason University Police Department at 4393 University Drive, Fairfax, VA 22030.

If you have any questions, please call 703-993-2810.
Ride-Along Program Application

To the Ride-Along Applicant,

You are required to complete this application after reading the rules and regulations on page 3 of this application. By signing this application, you acknowledge that you have read, understand and are willing to comply with these rules and regulations. You will be required to sign the Waiver Section on Page 4, in the presence of two police officers, when you report for your Ride-Along.

No application will be processed unless all the required information is provided and you have signed the bottom of this page. Once your application has been processed, you will be contacted prior to your requested Ride-Along date by telephone, or by e-mail, and informed if your application has been approved.

This is a voluntary program conducted in the interest of public enlightenment. The Police Department reserves the right to limit or exclude any person from participation in this program when it is deemed by the Department that the person’s participation would not be in the best interest of the police department, of any of its individual members, or the public, or when it might reasonably be construed that a conflict of interest may exist between the applicant and the police department or its mission.

Please complete the following:

Your Full Name: _____________________________

Your Home Address: _____________________________

Your Date of Birth: ________/_______/_________ Drivers License Number: _____________________________

Home Telephone: _____________________________ Work Telephone: _____________________________

Your E-mail Address(s): _____________________________

Are you a member of the George Mason University Community? If yes, are you a student or faculty member? _____________________________

Using the Program Eligibility List in Section A on Page 1, write your eligibility group number here: _____________________________

Reason you request to ride: _____________________________

Date you request to ride: ________/_______/_________ Hours of ride (four-hour time limit): From ________ to ________

Is there a specific police officer you would like to ride with? _____________________________

Have you previously ridden with this department? No: _____ Yes: _____ If Yes, Number of times: _____________________________

Have you previously been refused participation in this program? Yes: _____ No: _____ Approximate date? _____________________________

Reason for refusal: _____________________________

Are you currently involved in any potential legal process arising from any traffic or criminal matter as a defendant, plaintiff, or witness? No: _____ Yes: _____ If Yes, explain: _____________________________

Who may we contact in the event of an emergency during your Ride-Along?

Name: _____________________________ Relationship: _____________________________

Address: _____________________________ Telephone Numbers: _____________________________

I affirm that the information provided in this application is true and correct to the best of my knowledge and belief:

Signature: _____________________________ Date: ________/_______/_________

UPD-68 (Rev 02/14)
Ride-Along Program Rules and Regulations

1. On the date of your ride-along, you must report to the George Mason University Police Department at least fifteen (15) minutes prior to your scheduled ride-along time.

2. You must bring your driver’s license or other required photo identification with you when you report for your ride-along.

3. Attire is business casual. No shorts, t-shirts, tank tops, jeans, or sandals. Men’s shirts must have collars. Shoes are required. Make sure you bring appropriate outerwear based on weather and temperature.

4. The shift supervisor or Patrol Operations Lieutenant will designate with whom you will ride.

5. The shift supervisor may terminate your ride-along at any time if in their opinion your continued participation presents an undue risk, or your conduct, deportment, or sobriety is such that your continued participation is not in the best interest of the department. A complete report stating the reasons for termination will be forwarded to the Patrol Operations Lieutenant.

6. Extensions of ride-along time limits may only be made with the approval of the Duty Supervisor or the Patrol Operations Lieutenant.

7. You are prohibited from carrying with you during the ride-along any flashlight, binoculars, camera, any type of radio, tape recorder or player, or any similar recording device. Any recording of any kind is strictly prohibited during the ride-along. Participants, including holders of Concealed Carry Permits, are prohibited from carrying any weapon, personal chemical protection device, or restraining device of any kind. Only current full-time sworn law enforcement officers will be authorized to carry their weapon.

8. Participants are observers. You will not exit the police vehicle during any police activity unless directed to do so by a police officer. You will refrain from direct involvement in police functions or conversation with violators, suspects, arrestees, witnesses, complainants, or other members of the public encountered during the course of the official duties of the police officer with whom you are riding.

9. You may be asked to temporarily interrupt your ride-along during hazardous or unusual circumstances. You will immediately comply with such requests and otherwise obey the directions of the police officer with whom you are riding.

I have read and understand the above rules and regulations.

________________________________________
Signature
Waiver of Civil Liability and Indemnification Agreement

In consideration of the George Mason University Police Department of Fairfax, Virginia (hereinafter “Police Department”) granting me permission to accompany a member of the Police Department as an observer in the Ride-Along Program, I hereby waive any and all rights and claims of liability for damages, losses, personal injuries or death which I might suffer, sustain or cause while participating in the Ride-Along Program. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against George Mason University, its Police Department, its elected officials, officers, agents or employees, as a result of my voluntary participation in the Ride-Along Program; and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees and costs incurred in defending said demand or claim.

I further agree to comply with all rules and regulations of the Ride-Along Program and any instructions or orders issued by members of the Police Department in connection with the Ride-Along Program. I certify that I am aware of the potential risk involved in accompanying a Police Officer during the performance of his duties.

* * * DO NOT SIGN THIS WAIVER NOW * * *

You will be required to sign the Waiver in the presence of a police officer when you report for your Ride-Along. Please ensure you have your driver’s license, or other form of photo identification, with you when you report for your Ride-Along.

I hereby acknowledge that I fully understand the consequences of this waiver and that it is voluntary and intelligent act on my part.

__________________________________________  __________________________  __________
Signature Printed Name Date

Identification Verified and Signature Witnessed by: ____________________________________________

Identification Verified and Signature Witnessed by: ____________________________________________

Officer Signature

Officer Signature

PARENTAL RELEASE FORM

The undersigned, being the parent, guardian, or person having the care and custody of ____________________________ (the Participant) does hereby consent that he/she, my son/daughter/ward, may participate in the police ride along program offered by the George Mason University Police Department and in consideration of the agreement by George Mason University that the Participant be allowed to take part in the said program, does hereby consent to the Participant’s signing the above Waiver of Liability for any injury or damage to his/her property arising out of, or incidental to his/her participation in the said course, and in addition, the undersigned does hereby release George Mason University form having the care and custody of the said minor Participant arising out of the aforementioned activity and does further agree to indemnify and hold harmless the said George Mason University from any claim or claims which the Participant may have arising out of the aforementioned police ride along program for injury or property damage.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal this ______ day of _____________, 20____.

______________________________________________
Parent or Guardian
APPROVAL / DENIAL

TO: ____________________________________________

FROM: Lieutenant ________________________________

☐ Ride-Along Applicant, __________________________, has been approved to participate in the Ride-Along Program pursuant to the program rules and Departmental Regulations and under your continued supervision and approval.

☐ Ride-Along Applicant, __________________________, is not approved to participate in the Ride-Along Program. Reason for refusing application:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

VERIFICATION OF PROGRAM PARTICIPATION

TO: Lieutenant ________________________________

FROM: __________________________________________

The above named participant:

☐ Had their identification verified, signed the Ride-Along Waiver in the presence of an officer, and rode from __________ hours until __________ hours with Officer ________________________.

☐ Had their Ride-Along time period altered. State reason of time extension or curtailment: ________________________________________

________________________________________________________________________________

☐ Did not appear for the scheduled ride-along.

☐ Canceled their request to participate prior to the ride-along and provided the following reason: ________________________

________________________________________________________________________________

This application to be retained for reference in the Ride-Along files of the Patrol Division Commander for one year.