



NEW PALTZ POLICE DEPARTMENT

23 Plattekill Avenue. New Paltz, New York 12561

RIDE ALONG APPLICATION AND RULES

(SUBMIT PAGES 1 AND 2)

I, _____ Date of Birth: _____ Home Tel# : _____ Cell Tel#: _____

Address: _____

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

Reason for requesting a Ride Along: _____

Ride alongs are typically offered on all shifts; A line 11:00 p.m. to 7:00 a.m., B line 7:00 a.m. to 3:00 p.m., C line 3:00 p.m. to 11:00 p.m., D line, 8:00 p.m. to 4:00 a.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 first choice:	Ride along second choice:	Ride along third choice:
Date: _____	Date: _____	Date: _____
Times: _____	Times: _____	Times: _____

Request a Specific NPPD Officer: (*enter officer's name*) _____

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

Name: _____ Address: _____

Home Telephone #: _____ Cell #: _____

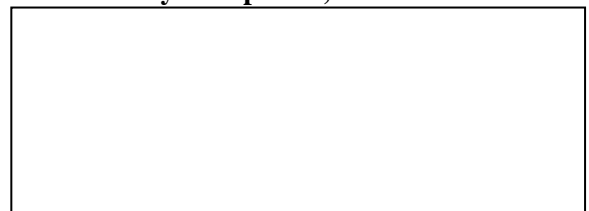
Requestor's Signature: _____ Parent Signature if under 18 Y.O.: _____

Today's Date: _____

Place notary stamp here;

This application must be signed by a Notary Public;

Sworn and subscribed to me this ____ day of _____, 20__





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RIDE ALONG RULES AND ELIGIBILITY (SUBMIT PAGES 1 AND 2)

1. The New Paltz Police Department Ride-Along Program is offered to residents, students and those employed within the Village and Town of New Paltz. 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 Sergeant, 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 field supervisor 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 terminate 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.

ADMINISTRATIVE USE ONLY
APPROVED **DENIED**

Reason for Denial : _____

Comments: _____

Date: _____

Chief or designee Signature: _____ **Print Name** _____