

## FAIR LAWN POLICE DEPARTMENT

### Application for Ride-Along Program

Name (Last, First, Middle)		Date of Birth	Social Security Number
Do you use any other names? If so, please list. E-mail address:		Driver's License #	
Home Address (Number, Street, City, State, Zip)			Home Telephone
Work Address (Number, Street, City, State, Zip) (if applicable)			Work Telephone (if applicable)
Occupation		If student, name of school	
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain.		
Please describe your reason(s) for wanting to participate in this program and your availability (day of week/time)			
Do you have any medical condition that may affect your ability to participate in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please explain			

**Instructions to Applicant:** Applicants must meet the following requirements and must submit a notarized **Waiver of Liability and Confidentiality Agreement** prior to participation.

1. Must be at least 21 years of age.
2. Must be a resident of Fair Lawn. Non-residents allowed only with permission of Chief of Police.
3. Must not have participated in this program within the past 12-month period.
4. Must authorize a background/record check for criminal records.
5. Must be interviewed by the Chief of Police or his/her designee.
6. Must be dressed in comfortable, appropriate clothing. Clothing shall not have any writing or advertising on it.
7. Must follow all instructions by an officer during the program. No interference with the performance of the officer's duties is permitted.
8. This program shall be conducted at times that are convenient to the operations of the police department.
9. Your participation may be terminated at any time by the police officer or police supervisor.
10. You must report to police headquarters at least 15 minutes prior to your scheduled time.
11. No cameras, video cameras, audio recorders, or electronic recording devices are permitted.

**FAIR LAWN POLICE DEPARTMENT**

**Application for Ride-Along Program**

- 12. Participants are not permitted to possess any cellular telephone, pager or other electronic communications devices during a ride-along.
- 13. Confidential information and communication that comes to your attention cannot be shared with anyone outside of the criminal justice system.
- 14. You must conduct yourself in a mature, professional manner at all times while participating in this program.
- 15. You must identify yourself as a ride-along participant upon request.

I affirm that I fully understand the requirements and responsibilities of program participants, and I am aware of the potential risks involved with accompanying police officers during the performance of their duties. I further authorize the Fair Lawn Police Department to conduct a criminal record check on my background.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application Received by I.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Interviewed by I.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application Approved by I.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Conditions (If Any)

- Record check completed (Please attach)
- Waiver of Liability and Confidentiality Agreement* executed and attached

**Borough of Fair Lawn  
Police Department**

**Agreement Assuming Risk of Injury and Damage  
Waiver and Release of Claims and Indemnity Agreement**

I, \_\_\_\_\_ request the Fair Lawn Police Department to allow me to accompany an Officer of the Police Department during the performance of their official duties.

I do hereby agree:

1. That I am aware that the work of the Fair Lawn Police Department is inherently dangerous and that I may be subjected to the risk of death, personal injury, or damage to my property, by accompanying a member or members of the Department during the course of their official duties; and
2. That I voluntarily and knowingly assume the risk of death, personal injury, or property damage, arising from or in any way connected with the use of vehicles, weapons, unlawful acts, or forcible resistance by law violators, or suspected law violators, fire, explosion, gas, electrocution, or injury in any other way, while accompanying a member or members of the Department during the performance of their official duties; and
3. That the Borough of Fair Lawn, its officers, agents and employees shall not be responsible or liable for any injury, damage, loss, or expense, either to me or my property, incurred while accompanying any member or members of the Police Department during the performance of their official duties, whether resulting from any negligent act or omission on the part of any member of the Police Department or any member of the public; and
4. That the Police Department is not assuming a special duty to me; and
5. That I agree to an in-house background check for the purpose of ensuring that I am not a risk or potential conflict to any member of the Police Department, or its ongoing investigations: and
6. For myself, my heirs, executors, administrators and assigns, to defend and indemnify the Borough of Fair Lawn, its Officers, agents and employees, against any and all manner of actions, causes, suits, debts, claims, demands or damages, or liability, or expenses of every kind and nature, incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine, while accompanying any member or members of the Police Department during the performance of their official duties.

**PARTICIPANT'S NAME** \_\_\_\_\_

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**Waiver and Release of Claims and Indemnity Agreement**

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

**CAUTION: YOU ARE WAIVING YOUR LEGAL RIGHTS BY SIGNING THIS DOCUMENT. READ THIS DOCUMENT IN FULL BEFORE SIGNING.**

PRINT  
NAME:

\_\_\_\_\_

Street  
Address:

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Borough of Fair Lawn  
Police Department**

**Rules & Regulations  
Ride-Along Program**

1. All participants shall execute a signed waiver of liability. This form and the waiver form must be signed and submitted in person prior to being scheduled for a ride-along.
2. Participants are expected at the Fair Lawn Police Department at least 15 minutes prior to their scheduled time and will be returned to the station at the conclusion of the shift. Exceptions will be made if the participant desires to be returned to the station prior to the end of the shift. If you are unable to meet your scheduled time, you must call and notify the Dispatcher or Desk Officer.
3. Participants are required to wear comfortable, appropriate clothing. All clothing you wear should be suited for the weather conditions and shall be free of any writing or advertising.
4. No cameras, video cameras, audio recorders, or any other type of electronic recording devices are permitted during ride along
5. It is desirable to ask questions regarding procedures and activities, however, this must be done at an appropriate time. Participants shall not interfere with the Officer's activities at any time.
6. Participants shall not converse with prisoners, suspects, witnesses, or other parties contacted on Police business.
7. Participants shall not participate in any police activity unless specifically directed by Officers.
8. Participants shall not leave the patrol car at any time without first obtaining the permission of the Officer.
9. You are riding in the capacity of an observer only and are under the complete control of the Officer at all times.
10. You will be asked to complete a form at the conclusion of your ride critiquing the experience.
11. You are required to submit to an in-house background check prior to being approved as a Ride-Along candidate to ensure that potential conflicts and/or dangers will not occur to the Officer(s) and/or ongoing investigations.
12. If the participant violates a provision of the rules and regulations pertaining to the Ride-Along program, the Officer, at his or her discretion, can terminate the Ride-Along.

Participant Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Borough of Fair Lawn  
Police Department**

**Ride-Along Critique**

**Name of Officer:** \_\_\_\_\_

**Date of Ride:** \_\_\_\_\_

**How did the Officer impress you?**

**Did you learn anything about procedures and duties contrary to your prior belief?**

**What would you suggest to improve this program?**

**Do you feel the experience was worthwhile?**

**On what do you base this opinion?**

**Critique Completed By:** \_\_\_\_\_