

## ANCHORAGE POLICE DEPARTMENT RIDE-ALONG PROGRAM INSTRUCTIONS FOR ALL PARTICIPANTS



## ~PLEASE ALLOW UP TO 14 DAYS FOR PROCESSING~

The opportunity to observe police patrol activities is offered to persons 18 years of age or older <u>ONCE</u> per calendar year for a maximum of three rides. Participants shall not be used in any investigation without first obtaining authorization from the duty commander. To safeguard all participants and to minimize the possibility of interference with normal police activities, adherence to the following is necessary:

- Return the completed form by mail or drop it off at the front counter of the Anchorage Police Department headquarters between 8-4, M-F: 716 W. 4th Avenue, Anchorage, AK 99501 ATTN: COMMUNITY RELATIONS. The ride along administrator will contact you to schedule, usually within 14 business days.
- 2. Participants shall be neatly dressed and groomed. The following are not permitted: jeans of any color, t-shirts, collarless shirts, sweatshirts, sweatshirts, leggings, slippers, or high heels. Business casual attire and comfortable shoes is recommended.
- 3. Participants will always be under the supervision of a police officer.
- 4. Participants must be in good general health; fully ambulatory, with no need for assistance.
- 5. Female participants may not ride if they are pregnant or suspect they may be pregnant.
- 6. Participants shall not leave the police vehicle at the scene of any police activity without first obtaining the permission of the supervising officer.
- 7. Participants shall not converse with any prisoners, suspects, or witnesses, nor shall they participate in any police activity unless directed to do so by the officer and that request can be accomplished in a safe manner.
- 8. Tape recorders, cameras and video equipment will not be permitted while participating in the program except for accredited media representatives who have made the necessary arrangements through the APD Community Relations Office. Cell phones may be carried but must not be used without the officer's permission
- 9. FIREARMS ARE PROHIBITED! NO EXCEPTIONS!

## WAIVER/RELEASE OF LIABILITY:

I, the undersigned, in consideration of the Municipality of Anchorage's (MOA) agreement, through the Anchorage Police Department Patrol Division, will be permitted to ride in a vehicle operated by an Anchorage Police Department officer (MOA employee) for the purpose of observing MOA activities, do hereby agree to indemnify, defend, save, and hold the MOA and its employees harmless from any claims, lawsuits or liability, including attorney's fees and costs, allegedly arising out of loss, damage, or injury to myself, other persons or property occurring during the course of as a result of my entering into, riding in, sitting in, departing from or otherwise using such vehicle while it is being used in the normal course of MOA business. I understand that both the ordinary and extraordinary risk to my person and property and/or the person and property of others accompanies my presence either in the vehicle while it is being used for MOA business or while at the scene of MOA activity. I have read and understand the above instructions, and hereby state my intention to voluntarily accept the associated risks in the manner stated above. I understand that I am authorizing APD to conduct an agency records check and a criminal history background investigation and that any negative results will result in this request being denied. APD will not release the details of my background check to me.

Participant Signature:				Date:				
Date of Birth	Date of Birth		Driver's License # /Lic State		Soc	Social Security #		
City		State	Phone	E-ma	ail address	;		
Preference (Check one):	□ Da	ays (7 a	m - 5 pm)	☐ Swings (3 pm	ı - 1 am)	☐ Mids (11 pm - 9 am)		
н	low do <u>y</u>	you kno	w this office	r?				
tial Applicant ☐ Citizen		Citizen A	cademy	☐ Political/Media	□ Ot	her:		
For Official Use Only: Date Received:			Background Check by DSN:Date:					
<u></u>		RMS:		APSIN:	NCIC	:		
Ride-Along Date:			Approved: YES / NO					
Officer's Name/DSN:				Approved by:				
		Notes	:					
	Date of Birth  City  Preference (Check one):  Hatial Applicant	Date of Birth  City  Preference (Check one):	Date of Birth  City State  Preference (Check one): Days (7 a  How do you knot all Applicant Citizen Citizen A  Backg RMS: Appro	Date of Birth  Driver's Lice  City  State  Phone  Preference (Check one):  How do you know this office tial Applicant  Citizen  Citizen  Citizen Academy  Background Check  RMS:  Approved: YES / N  Approved by:  Approved by:	Date of Birth  Driver's License # /Lic State  City  State  Phone  E-ma  Preference (Check one):  How do you know this officer?  How do you know this officer?  Background Check by DSN:  RMS:  Approved: YES / NO  Approved by:	Date of Birth  Driver's License # /Lic State  Soc  City  State  Phone  E-mail address  Preference (Check one):  Days (7 am - 5 pm)  Swings (3 pm - 1 am)  How do you know this officer?  How do you know this officer?  Background Check by DSN:  RMS:  APSIN:  NCIC  Approved: YES / NO  Approved by:		