

**POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK
RIDE ALONG PROGRAM**

The Nassau County Police Department is committed to establishing and maintaining relationships with the public and promoting an understanding of how community needs are being addressed by the Department. The Ride Along Program is intended to be a learning experience for both the participants and the police officers. In order to protect the safety of residents and police officers, participants in the Ride Along Program are selected on an individual basis.

ELIGIBILITY

1. Participants in the Police Ride Along Program (hereinafter "Program") must review and acknowledge the Eligibility and Rules of Conduct on page 1, complete the Application on page 2, and execute before a Notary Public the Assumption of Risk, Release and Indemnity Agreement on page 3.
2. All Program participants must be 18 years of age or older.
3. Participation in the Program is limited to residents of Nassau County unless otherwise approved by the Department.
4. All Program applicants must possess a valid government ID or passport.
5. Approved Program applicants may be subject to background checks conducted by the Department.
6. The Department, in its sole discretion, reserves the right to restrict or cancel an appointment, or to limit or exclude any individual from participating in the Program when such person's participation is not in the best interest of the Department.
7. To be considered for the Program, applicants must not have participated in, or applied for the Program within the previous one (1) year.

RULES OF CONDUCT

1. At the time of your ride, you must present a valid photo ID and be in good physical and mental condition.
2. The assigned Police Officers to the ride along (hereinafter "Program Officer(s)") will provide a brief orientation on the program. For your safety, at all times during the Ride Along Program and especially if an emergency should occur during the program, you must comply with any order or directive given to you by the Program Officer(s).
3. In the event of any exigent circumstance, you may be required to remain in the patrol vehicle or exit the vehicle at a designated safe location and remain there.
4. No weapons or items prohibited by law are allowed during the Ride Along Program. Additionally, while a licensed pistol holder may be authorized to carry a handgun, or a person may legally possess a self-defense spray or stun gun, these items are not allowed during the Ride Along Program.
5. A ride along may be terminated at any time.
6. Participants must wear business casual clothing. No sandals, shoes with heels, backpacks, or oversized bags allowed.
7. You will be provided a ballistic-resistant vest that must be worn at all times during the ride along.
8. Do not interfere with officers while they are performing their duties. The Program Officers will answer questions about how the incident was handled as soon as practical after the incident is completed.
9. The Program is setup to accommodate one participant in the vehicle at a time.
10. Due to privacy concerns, you shall not discuss the names of any person(s) or material(s) involved in police matters.
11. The use of video, photographic, or any other electronic device during any ride along is strictly prohibited.
12. Any form of note-taking during any ride along shall be prohibited unless otherwise permitted by the Program.

I acknowledge with my signature that I have read and understand the Ride Along Program Eligibility and Rules of Conduct listed above.

Applicant's Name (Print)

Applicant's Signature

Date

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APPLICATION

Copy of a valid photo ID must be submitted with application. Please type or print clearly and complete ALL information requested, if not applicable, please indicate N/A.

FIRST NAME		LAST NAME	
DATE OF BIRTH		GENDER	
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	EMAIL	
DRIVER'S LICENSE #	OCCUPATION	AGENCY/SCHOOL	

LIST ALL YOUR MEDICAL CONDITIONS AND/OR PHYSICAL LIMITATIONS:

EMERGENCY CONTACT PERSON #1

NAME		RELATIONSHIP	PHONE NUMBER(S)
ADDRESS	CITY	STATE	ZIP CODE

EMERGENCY CONTACT PERSON #2

NAME		RELATIONSHIP	PHONE NUMBER(S)
ADDRESS	CITY	STATE	ZIP CODE

DATE OF LAST RIDE ALONG	PREFERRED DAY(S) OF THE WEEK FOR RIDE ALONG	PREFERRED TIME(S) OF THE DAY FOR RIDE ALONG
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REASON FOR RIDE ALONG REQUEST (250-WORD MAXIMUM):

**POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK
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ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT

I the undersigned,as Releasor,

_____ being eighteen (18) years of age or older, have voluntarily requested to participate in the Ride Along Program of the Nassau County Police Department. I understand the inherent dangers involved in police work, and I understand that I may be exposed to such dangers, including but not limited to, those risks to a passenger riding in a marked police car on patrol responding to calls, as well as accidentally coming across occurrences of an emergency or criminal nature. I assume the risk of any and all injuries that may result from my participation in this program. In consideration for allowing me to participate in the Ride Along Program, I for myself, heirs, executors, administrators, successors, agents, legal representatives and assigns (collectively, the "Releasors"), hereby waives, releases and forever discharge Nassau County, the Nassau County Police Department and its officers, employees, and agents (collectively, the "Releasees") of and from all manners of actions, including but not limited to demand for arbitration, any and all proceedings, causes of action, suits, debts, sums of money, accounts, contracts, controversies, agreements, promises, damages, fines, judgments, claims, liabilities and demands whatsoever, whether arising in law or in equity or arising out of any federal, state or local government constitution, statute, ordinance, by-law or regulation and all claims for attorney's fees, costs, disbursements or the like, which the Releasors now have or hereafter may have for or by reason of any matter, cause, event or thing having to do with his/her participation in the Ride Along Program. More particularly, but without in any way limiting the foregoing, Releasor hereby releases Releasees and agrees to defend, indemnify and save harmless Releasees from any liability, actions, causes of action, suits, claims, or demands arising directly or indirectly from his/her participation in the Ride Along Program.

IN WITNESS WHEREOF, the RELEASOR has executed this Agreement on the ____ day of _____, 20 ____.

STATE OF NEW YORK)
)SS:
COUNTY OF NASSAU)

Name of Releasor _____ Date of Birth _____
Address: _____

On the ____ day of _____ in the year 20 ____ before me, the undersigned, a notary public in and for said state, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument, the individual executed the instrument.

Notary Public No.:

My commission expires:

EMAIL COMPLETED APPLICATION TO: COMMUNITYAFFAIRS@PDCN.ORG

POLICE USE ONLY

APPLICANT'S RECORD CHECK PERFORMED BY:		DATE
INVESTIGATOR FINDINGS		
RIDE ALONG:	APPROVED DENIED	REVIEWED BY: DATE
APPLICANT NOTIFIED OF DECISION BY:		DATE
DATE OF RIDE ALONG	TIME OF RIDE ALONG	PROGRAM OFFICER RMP #