



# COMMUNITY AFFAIRS BUREAU

## RIDE ALONG PROGRAM

### PROCEDURES AND RULES

Participants whose applications are approved are limited to one (1) ride along per year. Approved applicants with scheduling conflicts may reschedule their appointments by contacting Community Affairs Bureau at (646) 610-5323. Please allow two (2) weeks to reschedule your appointment.

#### REQUIREMENTS

- Applicants must be 18 years of age or older and a bona fide resident of the community. If applicants do not wish to ride in the precinct in which they reside, applicants may then request another borough precinct with the Commanding Officer's authorization.
- Applicants must have a direct/indirect interest or interaction with NYPD, through an institution/agency, community-based organization or college/university.
- Applications are available at Community Affairs Bureau, 1 Police Plaza [Monday – Friday, 7:00 am - 7:00 pm], any local precinct, or can be downloaded at [www.nyc.gov/nypd](http://www.nyc.gov/nypd), (click on Community Affairs, click on Participating Programs, choose Civilian Observer Ride Along Program).
- Applicants are encouraged to complete a survey form at the conclusion of the ride.
- Applications must be submitted at least ten (10) days in advance and groups of six (6) or more, thirty (30) days from the date of receipt.
- Out of Town and/or International participants must submit their applications with a sponsorship/endorsement letter from their employer, organization or agency head on company letterhead.
- Approved applicants will be subjected to background checks by NYPD
- Ride-Along duration is between two (2) to four (4) hours maximum. There will be no more than two (2) participants per car. A maximum of two (2) rides per precinct on any scheduled day will be allowed.
- Precinct Commanding Officer(s) may restrict or cancel an appointment for cause in consultation with Community Affairs Bureau.

#### RULES OF CONDUCT

- At the time your ride, you **must** have a Ride-Along Permission Slip and valid photo ID.
- The **use of cameras** and any **recording devices are prohibited**, including **cell phones**.
- The Police Officer(s) assigned to the ride will provide a brief orientation on the program. If an emergency should occur during the tour, for your own safety, you **must** comply with any order or directive given to you by the officer(s).
- **Journalism** students and/or any person(s) affiliated with a Media organization **must state reason** for participation on a separate sheet.
- **No weapons** or **any other items prohibited by law**, including **self-defense sprays** are allowed, while participating in the program.
- You will be provided with a body armor that must be worn during the ride.
- **Ride will be cancelled, if applicant arrives more than 15 minutes late for appointment.**

*I acknowledge with my signature that I have read and understand the **Ride-Along Program Procedures & Rules** listed above.*

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# RIDE ALONG APPLICATION

Please return completed application to any local precinct or forward to **Community Affairs Bureau, Ride-Along Program, One Police Plaza, New York, NY 10038**. Copy of a valid photo ID must be submitted with the application. (Please print clearly and complete all information requested.)

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country/Providence: \_\_\_\_\_ Phone # (H): \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Occupation: \_\_\_\_\_ Agency \_\_\_\_\_ School \_\_\_\_\_

**(Members of the Media/Journalism Students must state, on a separate sheet, the reason(s) for participating in the Ride-Along)**

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Last Ride Along: \_\_\_\_\_

Reason for Ride Along Request: \_\_\_\_\_

Please choose a date, time and borough for the Ride Along:

1. Date of Ride \_\_\_\_\_ Time: (7:00 am **or** 3:00 pm) \_\_\_\_\_

2. Brooklyn \_\_\_\_\_ Bronx \_\_\_\_\_ Manhattan \_\_\_\_\_ Queens \_\_\_\_\_ Staten Island \_\_\_\_\_

**(Note: Exceptions can be made on a case by case basis)**

## ASSUMPTION OF RISK

*I, \_\_\_\_\_, reside at \_\_\_\_\_ and being over eighteen (18) years of age, and have voluntarily requested to participate in the Ride-Along Program of the New York City 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 marked police cars 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.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date \_\_\_\_\_



## GENERAL RELEASE

I, \_\_\_\_\_, a participant in the New York City Police Department's Ride Along Program (herein after referred to as **PROGRAM**), am over eighteen years of age and reside at \_\_\_\_\_.

In consideration of and for the permission and authority to participate in the **PROGRAM**, I hereby release and forever discharge and shall hold harmless and indemnify the New York City Police Department, the City of New York, and its agents, servants and employees (collectively hereinafter referred to as **CITY**) from all actions, causes of action, suits, debts, sums of money, accounts, damages, judgments, claims and demands whatsoever which I, my heirs, executors, administrators, successors and assigns may have now or in the future against the **CITY** pursuant to my participation in the **PROGRAM** including, but not limited to, the riding in a New York City Police Department Vehicle and any acts related thereto.

***This release may not be changed orally.***

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date \_\_\_\_\_

**FOR PRECINCT USE ONLY**

### ENDORSEMENT

Commanding Officer, \_\_\_\_\_ to Executive Officer, Community Affairs Bureau, Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_. Contents noted. Recommend **APPROVAL/DISAPPROVAL** of applicant(s) request to participate in the Ride-Along Program. Forwarded for your consideration.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Rank)

**FOR COMMUNITY AFFAIRS BUREAU USE ONLY**

### ENDORSEMENT

Executive Officer, Community Affairs Bureau to Commanding Officer, \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_. Contents noted. Recommend **APPROVAL/DISAPPROVAL**. Forwarded for your information.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Rank)

**TO BE COMPLETED BY ON-DUTY SUPERVISOR AT THE TIME OF RIDE ALONG**

Assigned Officer(s): \_\_\_\_\_

Date: \_\_\_\_\_ Time Out: \_\_\_\_\_ Time In: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ Sector: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On Duty Supervisor's Rank & Name (Print): \_\_\_\_\_

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