



## UAF POLICE RIDE-ALONG REQUEST

First, middle, Last name: \_\_\_\_\_

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

Driver's License number and state of issue: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact (Full Name, address, phone number, relationship: \_\_\_\_\_

Preferred Day(s) of week: \_\_\_\_\_ Preferred times: \_\_\_\_\_

Preferred Officer (if any): \_\_\_\_\_ Reason for Ride Along: \_\_\_\_\_

Do you have any needs that require consideration: \_\_\_\_\_

Are you an employee of the University of Alaska: \_\_\_\_\_

**\*\*\* LEGAL NOTICE- PLEASE READ BEFORE SIGNING\*\*\***

This form must be completed and returned to the UAF Police Department at least 72 hours before the date requested. Submittal of form does not mean the request has been approved. Back ground checks will be performed on all requesters prior to the approval to participate. You will be contacted by UAFPD to inform you of request status. During that contact, the date, time and officer assignment will be established if the request has been approved. Ride Along applicants will be given a safety briefing at the time of the ride along. Any questions concerning ride- alongs should be addressed to Patrol Supervisor at 474-7721.

Riders are expected to be physically able to handle themselves in the event of an emergency or critical incident. Please clearly indicate any special needs or conditions that may impact this ability. A photo ID must be provided at the time of the ride along. UA is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual: [www.alaska.edu/nondiscrimination](http://www.alaska.edu/nondiscrimination).

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



## UAF POLICE RIDE-ALONG AGREEMENT

**\*Please read and initial the following statements. Every person going on ride-alongs must sign the UAF Police Department Ride-Along Agreement and the University of Alaska Release Agreement.\***

\_\_\_\_ The officer I have been assigned to ride with has given me a safety briefing and the opportunity to ask questions that may clarify any requirements (initial at time of ride along).

\_\_\_\_ I have voluntarily requested to ride as a passenger and observer in a UAFPD vehicle that will be operated by official Law Enforcement personnel while performing official duties as a peace officer.

\_\_\_\_ I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.

\_\_\_\_ I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the safety of myself and/or the officer.

\_\_\_\_ I understand the equipment assigned to an officer and the vehicle in which I will ride is for the purpose of aiding the officer in performing official duties only and I will not touch, utilize, or adjust any of the equipment in the vehicle or on the officer.

\_\_\_\_ I understand that failure to abide by the above requirements will result in immediate termination of the ride-along, can prohibit me from future ride-along consideration and could result in injury, death, civil liability or, if I intentionally interfere with police activity, could result in criminal charges against me.

\_\_\_\_ I understand that a back ground check will be performed before I am allowed to participate.

\*\*Ride Along's Signature: \_\_\_\_\_ Date: \_\_\_\_\_