

Plains Township Police Department



Municipal Building
126 North Main Street
Plains, PA 18705
(570) 829-3431
FAX (570) 829.2379

RIDE - ALONG PROGRAM APPLICATION

MISSION STATEMENT:

The Plains Township Police Department, in partnership with the citizens of Plains Township, is committed to improving the quality of life in our Township by identifying and resolving all public safety concerns.

PLEASE READ THE FOLLOWING INFORMATION PRIOR TO COMPLETING THE RIDE - ALONG APPLICATION:

These procedures and restrictions are intended to provide a fair and equitable access to the Ride-Along Program. Along with providing for the safety of the officers and observers and to insure that participation does not compromise the operations of the Plains Township Police Department.

WHO MAY RIDE: This program may include but is not limited to, Citizens who are eighteen (18) years of age, who live, work or go to school in Plains Township, college interns, government officials, interested citizens, members of the press or other news media, etc. Applicants may participate in the Ride-Along Program, providing the applicant is at least 18 years of age and the following is met:

1. A completed Ride-Along application, including a signed waiver of liability, a signed Release of Information is submitted, at least two (2) weeks prior to the desired date.
2. The applicant has not been convicted of a felony; a misdemeanor in the past year; or, is involved in a pending criminal case.
3. Applicants may ride once in a six (6) month period, for a maximum of four (4) hours each occurrence.
4. Any other requirements established for this Program.

HOW TO APPLY: Complete the Ride-Along application on the next page.

Include your full name, address, date of birth, social security number and telephone number.

(It is the policy of the Township of Plains to make all programs and benefits available to all persons regardless of race, sex, age, national origin or handicap. The Plains Township Police Department will to the extent possible, make every effort to provide reasonable accommodations to any person.)

After your application has been screened, it will be forwarded to the Chief of Police for scheduling which closely matches the hours you have requested to ride. You will then be contacted by a Patrol Officer who will set up the details of your ride-along. (This may take several weeks)

IF YOU HAVE ANY QUESTIONS REGARDING THE RIDE-ALONG PROGRAM, PLEASE CALL 829-3432 AND FOLLOW THE INSTRUCTIONS FOR THE VOICE MAIL AT THAT TIME. YOUR CALL WILL BE RETURNED AS SOON AS POSSIBLE.

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To Get the Most Out of Your Ride-Along:

1. **Report to the police station at 126 North Main Street, Plains, PA at least fifteen (15) minutes prior to your scheduled shift.**
2. **Wear comfortable, appropriate clothing.** To assist the officer in maintaining a professional appearance, please wear conservative, casual clothing. Shirts and pants are recommended. Please do not wear soiled, torn, or damaged clothing, and for your safety - anything that may be mistaken for a police uniform.
3. **Bring a bag lunch or money for a meal.** (If riding during the normal meal periods).
4. Plan on riding a **four (4) hour shift.** The duties of the officer may prohibit him/her from returning you to the station prior to the end of your ride. Transportation to and from the police station is the responsibility of the applicant.
5. **Remain in the patrol vehicle** unless the officer instructs you to do otherwise.
6. **Riders** who report to ride - along and appear to be **sick, have an odor of alcohol or signs of drug ingestion will not be allowed to ride.**
7. A violation of any policy or procedure will subject the rider to termination of the ride and probable preclusion from future ride-alongs.

PLAINS TOWNSHIP POLICE DEPARTMENT RIDE-ALONG APPLICATION

Last: _____ First: _____ Middle: _____ Date of Birth: _____ Soc: _____ Home Phone: _____

Address: _____ City/Town _____ Zip Code _____

School Name: (If a student) _____ Do you have a disability? Describe: _____
YES NO

Date and time of day I would like to start my ride-along: _____

In consideration of my being permitted to participate in the Plains Township Police Department Ride-Along Program, I agree to assume all risks associated with my participation and hereby release and agree to hold harmless the Township of Plains, The Plains Township Board of Commissioners. The Plains Township Police Department, its employees and agents from and against any and all claims, damages, liabilities, costs and expenses, including attorney's fees, arising out of my participation, including without limitation any personal or bodily injuries or property damage which I may incur as a result of the actions of myself or other persons. I agree to abide by all rules, policy, procedures and instructions given with respect to my participation.

Date _____ Signature _____ Officer's Signature _____

I verify that the information provided in this application is true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa. C.S.A. §4904) relating to unsworn falsification to authorities.

Date _____ Applicant's Signature _____

POLICE DEPARTMENT USE ONLY

Criminal History _____ BMV _____ NCIC _____ Local _____

Officer's Name: _____ Date of Tour _____ Times of Tour _____