



CITY OF PULLMAN WASHINGTON

Police Department

Gary Jenkins, Chief of Police
Police Business (509) 334-0802
Police Fax (509) 332-0829
police@pullman-wa.gov
www.pullman-wa.gov/police
260 SE Kamiaken St., Pullman WA 99163-2664

CITIZEN RIDE-ALONG POLICY AND APPLICATION

In keeping with its commitment to community policing, the City of Pullman Police Department offers citizens the opportunity to observe police officers at work through the Ride-Along Program. The Ride-Along Program is open to all persons sixteen years of age or older. Persons wishing to participate in the Ride-Along Program must read, complete and sign this form in its entirety, including the liability waiver, prior to being considered for permission to ride. The Pullman Police Department reserves the right to decline any request for participation in the Ride-Along Program at any time for any reason.

RIDE ALONG PROGRAM REGULATIONS:

1. All applicants to the program shall read completely and sign the Ride-Along Policy and Application, including the liability waiver. No person under sixteen years of age may participate as a citizen rider. Juvenile applications under eighteen years of age must have the written permission of a parent or guardian.
2. Civilian riders are observers only, and shall not under any circumstances become involved either verbally or physically in the calls to which the officer with whom they are riding responds. If you have any questions regarding a call at which you are present, ask the officer when the situation is over, after you and the officer have left the scene.
3. As a civilian rider, you must follow all directions which the host officer gives you.
4. Civilian riders shall not under any circumstances have weapons of any type in their possession while participating in the Ride Along Program, including, but not limited to, guns, knives, chemical agents or batons. This provision regarding weapons shall not apply to riders who are full-time, commissioned law enforcement officers for another jurisdiction within the State of Washington, as statewide interjurisdictional agreements are in place. Such officers will not act as an agent of the City of Pullman Police Department and will have no law enforcement responsibilities during the ride along, will dress in civilian clothing and will carry their weapon concealed. The on-duty supervisor has the authority to deny the ability of a ride along to carry a weapon.
5. Riders are expected to be properly attired in neat, clean clothing. Riders are expected to wear suitable footwear. Riders shall limit the use of perfume or cologne.
6. Civilian riders are responsible for their own meal expenses.
7. If a situation develops in which the host officer believes that the rider will be placed at an unacceptable risk of harm, the officer may at his/her own discretion drop off the rider. Where practical, the rider will be dropped off in a safe area, and may be picked up again by the host officer as soon as possible. The host officer will inform the communications center of the location of the dropped off rider. If a rider is dropped off, the rider may call 911 for further instructions on getting picked up again. It is recommended that the participant bring a cell phone during his or her ride along.
8. If a rider fails to adhere to the conditions of the Ride-Along Program, or if the host officer believes that the rider's presence or actions are impeding the performance of the assigned duties, the host officer has the duty and authority to terminate the ride along, and return the guest rider to the public safety department.
9. Civilian riders may not participate in the Ride-Along Program more than once per year, unless approval has been granted by the Chief of Police. The limit on ride-alongs shall not apply to civilian employees of the police department, employees of associated dispatch operations, and persons under active consideration for employment by the police department as either full-time or reserve public safety officers.



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- 10. Tape recorders, cameras and video equipment shall not be operated while participating in the program with the exception of accredited media representatives who have made the necessary arrangements through the Chief of Police.
- 11. Smoking is prohibited during the ride time. Use of alcohol is prohibited during the ride. Citizen riders are not permitted to ride if they appear to be under the influence of drugs or alcohol.
- 12. Participants should be in good general health with no need for physical assistance and must be able to adequately respond in emergency situations such as quickly exiting the vehicle, running, lying flat on the ground and using the radio without the safety or law enforcement mission of the officer being compromised.

APPLICATION

I, _____, hereby request permission to ride as a guest of the Pullman Police Department in a vehicle owned by the City of Pullman to permit my observation of Police work. No payment has been requested, given, or will be given to the Police Department or its agents should permission be granted. I further understand that should permission be granted, I will be voluntarily observing police work at my own risk and I am willing to assume all risks involved including the risk of death or serious injury. I understand that any information I observe during the Civilian Ride-Along experience shall remain confidential unless I am providing information to authorized personnel in the scope and course of an investigation. I also understand that in the event the vehicle in which I am riding becomes involved in a pursuit, or for any other safety concern, I may be directed to exit the vehicle, regardless of time of day or location, and I am willing to assume all responsibility for my transportation back to the Pullman Police Department or to my residence and for any and all harm that may befall me once I exit from the Police Vehicle.

NAME: _____ BIRTHDATE: _____ / _____ / _____
Last Name First Name Middle Name Month Day Year

LOCAL ADDRESS: _____
Street Address City State Zip Code

PERMANENT ADDRESS: _____
(If different from local) Street Address City State Zip Code

PRIMARY PHONE NUMBER: _____ Home Cell Work

SECODARY PHONE NUMBER: _____ Home Cell Work

EMAIL ADDRESS: _____

PREFERRED DATE(S) AND TIME(S) FOR REQUESTED RIDE:

Day 0700-1100 1100-1500 MON TUE WED THU FRI SAT SUN

Swing 1500-1900 1900-2300 MON TUE WED THU FRI SAT SUN

Graveyard 2300-0300 0300-0700 MON TUE WED THU FRI SAT SUN

If requesting a specific date, time, and/or officer, please note here: _____

(NOTE: While we will attempt to accommodate specific requests, there is no guarantee that such requests will be fulfilled. Citizen riders will be scheduled as space, workload, and other circumstances dictate.)



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LIABILITY WAIVER

The undersigned attests that he/she has read completely and understands the City of Pullman Police Department Citizen Ride-Along Policy and Application, and agrees to abide fully by all the regulations described therein. The undersigned also understands and agrees that pursuant to qualifying the applicant for the Ride-Along Program, a standard background check will be completed, and that any negative information discovered including, but not limited to, arrest warrants and probationary supervision, shall be deemed grounds for disqualification of the applicant from participation in the ride along program. The participant understands that the Pullman Police Department reserves the right to decline any application at any time for any reason. The participant agrees to keep all information observed during the Ride-Along experience confidential unless providing information to authorized personnel engaged in conducting an investigation surrounding the incident observed or by accredited media representatives as required by law.

In consideration for granting my request to ride and observe, and being fully aware of the risks involved, I hereby waive any and all legal rights I have or may have in the future, for myself and on behalf of my heirs, to bring any claim or lawsuit against the City of Pullman and its Police Department, individual officers, or any other employees, officers, agents or volunteers of the City of Pullman arising out of or connected with observing the activities of the Pullman Police Department.

Dated this _____ day of _____, 20_____.

Applicant Signature: _____

Applicant Printed Name: _____

Witness Signature: _____ Date: _____

The signature of a parent or guardian is required for applicants under eighteen years of age.

Parent/Guardian Signature: _____

NAME: _____ BIRTHDATE: _____ / _____ / _____
Last Name First Name Middle Name Month Day Year

ADDRESS: _____
Street Address City State Zip Code

PRIMARY PHONE NUMBER: _____ Home Cell Work

SECODARY PHONE NUMBER: _____ Home Cell Work

FOR OFFICIAL USE ONLY

Records Check Completed By: _____	CASE NUMBER: _____
DOL _____ WANTS _____	SPILLMAN NAME #: _____
COMMENTS _____	NCIC III _____ SPILLMAN _____
Approved by (Patrol Shift Supervisor/OIC): _____	CLEAR (Yes/No): _____
Officer Assigned: _____	Date Assigned _____
Applicant Contacted: _____	