

**NOTE: YOU MUST PRESENT PROOF OF ID AT THE TIME OF THE RIDE ALONG**  
*(Driver's license or permit, state ID card, birth certificate).*  
**RIDE-ALONG APPLICATION**  
*(Any application that is incomplete will not be processed)*

Last Name: \_\_\_\_\_ Maiden/alias \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

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

Phone #: cell: \_\_\_\_\_ work: \_\_\_\_\_ other: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State issued: \_\_\_\_\_

Occupation/Employer or School: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hours and days of week you would prefer to ride *(provide at least two dates and times):*

\_\_\_\_\_  
\_\_\_\_\_

Are you a United States citizen? YES \_\_\_ NO \_\_\_

Are you currently under a doctor's care? YES\* \_\_\_ NO \_\_\_

Are you a graduate of the Citizens Police Academy? YES \_\_\_ NO \_\_\_

Have you read and do you understand the guidelines for the Ride Along?

YES \_\_\_ NO \_\_\_

Have you participated in a Ride Along program within the last 6 months?

YES \_\_\_ NO \_\_\_

Have you ever been convicted of a criminal offense other than minor traffic violations?

YES\* \_\_\_ NO \_\_\_

Are you presently employed as a police officer or law enforcement official?

YES\* \_\_\_ NO \_\_\_

\*Explain \_\_\_\_\_  
\_\_\_\_\_

TOPEKA POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL  
1.5 CRIME PREVENTION AND COMMUNITY PROGRAMS

BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of Kansas to release to the Topeka Police Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Topeka Police Department in evaluating my eligibility for participation in the Ride Along Program. This release extends to any and all information that said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

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

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR ANY RIDER UNDER THE AGE OF EIGHTEEN (18) YEARS WHO WISH TO PARTICIPATE.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

----- FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE-----  
REQUEST TYPE:

Citizen Initiated (4 hour maximum)  
 Department initiated:  Volunteer training  Intern  Reserve  
 Civilian Employee  City/State Official  Other  
Name of Initiator \_\_\_\_\_ Position: \_\_\_\_\_  
 Officer initiated (for relative, acquaintance, etc.)

Name of initiating officer: \_\_\_\_\_

Relationship to rider: \_\_\_\_\_

Approved Date and Time for the Ride Along

Date: \_\_\_\_\_ Start and End time: \_\_\_\_\_

Officer Assigned: \_\_\_\_\_

TOPEKA POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL  
1.5 CRIME PREVENTION AND COMMUNITY PROGRAMS

TOPEKA POLICE DEPARTMENT  
GUIDELINES FOR RIDE ALONG PARTICIPANTS

- You must be eighteen (18) years or older to participate in the Ride-Along Program. (Exceptions must be approved before application is made.)
- Arrange for transportation to and from the Topeka Police Department located at 320 S. Kansas Ave.
- Any person approved to ride along is required to be suitably dressed in collared shirt, blouse or jacket, slacks and shoes. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted. Hats and ball caps will not be worn in the police vehicle. The Shift Commander may refuse a ride-along to anyone not properly dressed.
- Wear issued identification badge during the ride-along.
- In order to comply with department policies and procedures, you MUST utilize the safety belts and safety equipment in the police vehicle.
- Tape recorders and cameras are NOT permitted in police vehicles without approval from a Bureau Commander. Cell phones may ONLY be used at the discretion of the participating officer.
- Certain police calls are considered dangerous and your assigned host officer may respond to the call after arranging for your safe transfer and return to the LEC or the host officer may terminate the ride-along when necessary.
- You are encouraged to ask questions about police work but please DO NOT interfere in any way with the officer's handling of a situation.
- By participating in the ride-along program you agree to follow all lawful requests of the officer you are riding with.
- You may observe an event on your ride-along that may require your appearance in court as a witness.
- You may be asked to answer questions from a police department investigator or other law enforcement agency based upon your observance of an event.
- A "waiver and hold harmless" form must be executed by you, or in case of a minor, by a parent or a guardian, prior to the ride along.

Observer's name Printed) \_\_\_\_\_  
Signature indicating understanding of each bulleted  
point \_\_\_\_\_

**CITY OF TOPEKA and TOPEKA POLICE DEPARTMENT  
WAIVER AND HOLD HARMLESS  
(to be signed at least 48 hours in advance of first ride-along and signed  
prior to each subsequent ride-along)**

I, \_\_\_\_\_, in consideration of being permitted to participate in the Topeka Police Department's **Ride Along Program** (hereinafter referred to as "program/activity"), hereby acknowledge and agree as follows:

1. I understand that the program/activity involves the risk of injury or death, and I voluntarily assume all risks, regarding my participation in the program/activity. By assumption of all risks, I agree that the City of Topeka, and the Topeka Police Department and their respective officers, directors, commissions, employees, agents and representatives (hereinafter collectively referred to as the "City") shall not be liable for any claim, action, cause of action, damages, or demand, in law or equity, of every kind of character on account of personal injury or damage to me or my property.
2. I understand the City will not provide medical or health insurance coverage to me during any aspect of my participation in the activity. I hereby represent and warrant that I am and will be covered throughout the activity by a policy of accident and health insurance that provides coverage for injuries I may sustain in the course of my participation in the program/activity. I understand I may be required to show proof of insurance coverage prior to my participation in the program/activity.
3. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the City from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the program/activity.
4. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the City from any and all liability, loss, damage or expense, including attorneys fees, that the City or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys fees, which arise out of, occur during, or are in any way connected with my participation in the program/activity.
5. To the extent that I, individually, or my heirs, successors, assigns, or personal representatives bring a claim of any kind whatsoever against the City, I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Kansas, and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. Any claims or causes of action arising out of or related to this program/activity shall be tried exclusively in the courts of the State of Kansas, or (if such claims are permitted by law) in the U.S. District Courts for the State of Kansas.
6. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

\_\_\_\_\_  
Participant Name - Please Print

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent Signature (if less than 18 years old)

# Topeka Police Department Confidentiality Statement for Ride Along Participants

I understand that the Topeka Police Department is concerned with not only the victim's rights but the rights of the suspect and must never be put in the position of compromising any case.

I further understand that participating in the Ride Along program of the Topeka Police Department may bring me in contact with confidential records or information; or place me in a position to hear discussions of a confidential nature.

Any information I see or hear (intentionally or unintentionally) concerning internal matters or policy, or persons the Topeka Police Department is investigating or cases of any nature is **STRICTLY CONFIDENTIAL**.

For this reason, I will not discuss or share information, either inside or outside the Department, nor reveal the identity or the circumstances of cases being investigated by this Department.

I understand and agree by the above policy. I understand that a breach of these rules violates the Topeka Police Department's policy and could have negative legal consequences for me.

Rider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ Badge # \_\_\_\_\_

Time Ride Along began: \_\_\_\_\_

Time Ride Along ended: \_\_\_\_\_