

**LIMERICK TOWNSHIP POLICE DEPARTMENT
CIVILIAN RIDE-ALONG PROGRAM**



APPLICATION PACKET

AFTER COMPLETING THE APPLICABLE DOCUMENT(S)- RETURN, IN PERSON (ALONG WITH PARENT/LEGAL GUARDIAN, IF APPLICABLE) TO THE LIMERICK TOWNSHIP POLICE DEPARTMENT.

A. Qualification Requirements

In order to qualify and be considered for the Civilian Ride-Along Program, a person must:

1. Complete a Ride-Along Application and Release of Liability form;
2. be at least eighteen (18) years of age or, at least sixteen (16) years of age with written authorization from a parent or guardian;
3. successfully pass a brief background investigation conducted by the Limerick Township Police Department, and;
4. be approved by the Chief of Police.

B. Ride-Along Requests

Civilians wishing to participate in the Ride-Along Program may make application by completing the required document(s) and submitting them in person, along with a parent or guardian (if applicable), to the Patrol Shift Supervisor (or designee) no less than two (2) weeks prior to the date of the ride-along activity.

1. Requests for specific time periods, specific patrol areas or with a particular officer may be granted, if convenient to the Department and conditions permitting.
2. The approval will be for one (1) specific eight (8) hour period unless the Chief of Police grants special limitations or extensions.

C. Civilian Observer's Limitations & Responsibilities

1. No person may participate in the Ride-Along Program without the prior approval of the Chief of Police.
2. Normally, no more than one (1) civilian observer will accompany an officer at a time and no more than one (1) civilian observer will be approved during a specific eight (8) hour time period.
3. Civilian Observer's shall, at all times, remain under the complete control of the host officer and shall comply with all directions and/or requests.
4. Civilian Observers are forbidden to carry any weapon(s) at any time during the ride-along activity.
5. Civilian Observers are prohibited from handling any weapons and may not handle equipment without the expressed permission of the host officer or in the case of extreme emergency where the lives of the officer or civilian are directly and immediately threatened.

*Limerick Township Police Department
Civilian Observer Limitations and Responsibilities*

6. Civilian observers should be appropriately dressed (clean, neat clothing with no type of defamatory, insulting or inappropriate writing and/or pictures).
7. Civilian observers will not act in any way that would bring discredit to or reflect unfavorably on the Limerick Township Police Department.
8. No Civilian Observer will be allowed to observe police activities relating to raids, tactical operations or ride with plain-clothes units without the specific advance approval of the Chief of Police.
9. No Civilian Observer will be permitted to observe activities involving under-cover operatives and/or confidential informants.
10. Civilian Observer's will not enter a location on any of the following types of calls, unless directed to do so by the host officer. (Otherwise, the Civilian Observer will remain in the patrol vehicle.)
 - a. Domestic Disturbances
 - b. Sex Crimes
 - c. Any call that has the potential for injury to the Civilian Observer
 - d. Any other incident that the Host Officer determines inappropriate for the Civilian Observer to enter a location.
11. Civilian Observer's are prohibited from taking part in any arrest and are forbidden to use force of any kind except to protect their life or the life of the Host Officer.
12. Civilian Observer's shall not interfere with investigations in any way by conversing with victims, suspects, or witnesses, handling evidence or police equipment, or participating in any police activity unless directed to do so by the Host Officer.
13. Civilian Observer may, at any time, cease participating in the Ride-Along activity by indicating their desire to do so to the Host Officer. The Host Officer will return the observer to the Police Department as soon as possible.

*Limerick Township Police Department
Civilian Observer Limitations and Responsibilities*

Failure to comply with Civilian Observer Limitations & Responsibilities will result in the termination of the Ride-Along activity the Civilian Observer will be returned to the point of origin and asked to leave. This will also result in the Civilian Observer being prohibited from participating in the program at any future time.

I have received a copy of, reviewed and understand the previously stated CIVILIAN OBSERVER LIMITATIONS & RESPONSIBILITIES. I agree to follow exactly, all instructions and directions as well as abide by the previously stated rules.

Signature

Date

Time

Witness Signature

Date

Time

LIMERICK TOWNSHIP POLICE DEPARTMENT

646 West Ridge Pike
Limerick PA 19468

CIVILIAN RIDE-ALONG PROGRAM APPLICATION / GENERAL WAIVER & RELEASE FOR BACKGROUND INVESTIGATION

APPLICANT NAME _____ APPLICANT HOME ADDRESS _____

HOME PHONE NO. _____ WORK PHONE NO. _____ CELL PHONE _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

EMPLOYER OR SCHOOL ATTENDING _____

DAY OF WEEK PREFERRED OR SPECIFIC DATE REQUESTED: _____ TIME OF DAY PREFERRED: _____

REFERENCES (INDIVIDUALS, OTHER THAN RELATIVES, WHO HAVE PERSONALLY KNOWN YOU FOR AT LEAST THREE (3) YEARS):

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN
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NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN
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I, _____, do hereby request permission to participate in the Limerick Township Police Department Civilian Ride-Along Program.

In consideration for this permission, the privilege of participating in the program and as evidenced by my signature below, I hereby release, indemnify and hold harmless the Township of Limerick, the Limerick Township Police Department, its officials, officers and employees from and against any and all liability which might result from my participation in this program.

I have been provided with a copy of the rules regarding the Limerick Township Police Department Civilian Ride-Along Program and have reviewed them. I understand these rules and I agree to follow exactly, all instructions and directions as well as to abide by the rules set down for this program.

I understand that participation in this program is voluntary and is a privilege, not a right. I understand that permission may be denied regarding my participation in the program and that if accepted, permission could be revoked at any time up to and during my participation in the Limerick Township Police Department Civilian Ride-Along Program. I understand that scheduling, if accepted, of my participation will be at the discretion of the Limerick Township Police Department.

I am not now, nor have I ever been, a member, affiliate or associated with any organization, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means.

I further understand that prior to being considered for participation in this program, the Limerick Township Police Department will conduct a background investigation regarding me; specifically: criminal history check, drivers record check and reference contact. I agree to allow member(s) of the Limerick Township Police Department to conduct this investigation. I release from all liability and claims any and all persons supplying any information to representatives of the Limerick Township Police Department during this background investigation. I agree that a photocopy of this signed & notarized General Waiver and Release for Background Investigation is valid as the original.

I, _____, being duly sworn by law, affix my signature thereby verifying that have read, understand and accept the terms of the above General Waiver and Release for Background Investigation.

Applicant Signature

Date

Sworn to and subscribed this _____ Day of _____, 20____

Notary Public

SEAL

My commission expires, _____, 20____

LIMERICK TOWNSHIP POLICE DEPARTMENT

646 West Ridge Pike
Limerick PA 19468

CIVILIAN RIDE-ALONG PROGRAM
PARENT/LEGAL GUARDIAN CONSENT FOR MINOR'S PARTICIPATION

APPLICANTS NAME / DATE OF BIRTH

I, _____, do hereby verify that I am the parent or legal guardian of the above named applicant and do hereby give my permission for said applicant to participate in the Limerick Township Police Department Civilian Ride-Along Program.

In consideration for this permission, the privilege of participating in the program and as evidenced by my signature below, I hereby release, indemnify and hold harmless the Township of Limerick, the Limerick Township Police Department, its officials, officers and employees from and against any and all liability which might result from the above named applicant's participation in this program.

I have been provided with a copy of the rules regarding the Limerick Township Police Department Civilian Ride-Along Program and have reviewed them. I understand these rules and I agree to allow him/her to follow exactly, all instructions and directions as well as to abide by the rules set down for this program.

I understand that participation in this program is voluntary and is a privilege, not a right. I understand that permission may be denied regarding his/her participation in the program and that if accepted, permission could be revoked at any time up to and during his/her participation in the Limerick Township Police Department Civilian Ride-Along Program. I understand that scheduling, if accepted, of his/her participation will be at the discretion of the Limerick Township Police Department.

I further understand that prior to being given considered for participation in this program, the Limerick Township Police Department will conduct a background investigation regarding the above named applicant; specifically: criminal history check, drivers record check and reference contact. I agree to allow member(s) of the Limerick Township Police Department to conduct this investigation. I release from all liability and claims any and all persons supplying any information to representatives of the Limerick Township Police Department during this background investigation. I agree that a photocopy of this signed & notarized Parent/Legal Guardian Consent for Minor's Participation is valid as the original.

I, _____, being duly sworn by law, affix my signature thereby verifying that have read, understand and accept the terms of the above General Waiver and Release for Background Investigation.

Parent/Guardian Signature

Sworn to and subscribed this _____ Day of _____, 20____

Notary Public

SEAL

My commission expires _____, 20____