ANCHORAGE POLICE DEPARTMENT
RIDE-ALONG PROGRAM
INSTRUCTIONS FOR ALL PARTICIPANTS

~PLEASE ALLOW UP TO 14 DAYS FOR PROCESSING~

The opportunity to observe police patrol activities is offered to persons 18 years of age or older ONCE per calendar year for a maximum of three rides. Participants shall not be used in any investigation without first obtaining authorization from the duty commander. In order to safeguard all participants and to minimize the possibility of interference with normal police activities, adherence to the following is necessary:

1. Anyone who wishes to ride shall complete the ride-along request form. The form can be found on the APD website: http://www.muni.org/departments/police/forms/. Once completed, the form can be faxed to 786-8538, emailed to renee.oistad@anchorageak.gov or dropped off at the front counter of the Anchorage Police Department located at 4501 Elmore Rd. The Ride Along Administrator will contact you to schedule the ride-along, usually within 14 business days.
2. Prior to the ride-along, participants must sign a Waiver/Release of Liability form and agree to a criminal history background check.
3. Participants shall be neatly dressed and groomed. Jeans of any color, T-shirts, collarless shirts, sweatshirts, sweat pants, leggings, slippers or high heels will not be permitted. Business casual attire is suggested with comfortable shoes.
4. Participants will be under the supervision of a police officer at all times.
5. Participants must be in good general health; fully ambulatory, with no need for assistance.
6. Female participants cannot ride if they are pregnant or suspect they may be pregnant.
7. Participants shall not leave the police vehicle at the scene of any police activity without first obtaining the permission of the supervising officer.
8. Participants shall not converse with any prisoners, suspects or witnesses, nor shall they participate in any police activity unless directed to do so by the officer and that request can be accomplished in a safe manner.
9. Tape recorders, cameras and video equipment will not be permitted while participating in the program with the exception of accredited media representatives who have made the necessary arrangements through the APD Community Relations Office. Cell phones may be carried but must not be used without the officer's permission
10. **FIREARMS ARE PROHIBITED! NO EXCEPTIONS!**

I, the undersigned, in consideration of the Municipality of Anchorage's (MOA) agreement, through the Anchorage Police Department Patrol division, will be permitted to ride in a vehicle operated by _____ (MOA employee) for the purpose of observing MOA activities on (date)_____ 20__, do hereby agree to indemnify, defend, save, and hold the MOA and its employees harmless from any claims, lawsuits or liability, including attorney's fees and costs, allegedly arising out of loss, damage, or injury to myself, other persons or property occurring during the course of as a result of my entering into, riding in, sitting, in, departing from or otherwise using such vehicle while it is being used in the normal course of MOA business. I understand that both the ordinary and extraordinary risk to my person and property and/or the person and property of others accompanies my presence either in the vehicle while it is being used for MOA business or while at the scene of MOA activity.
I have read and understand the above instructions, and hereby state my intention to voluntarily accept the associated risks in the manner stated above. I understand that I am authorizing APD to conduct an agency records check and a criminal history background investigation and that any negative results will result in this request being denied. APD will not release the details of my background check to me.

Participant Signature: _____ Date: _____

_____	_____	_____	_____
Name (printed)	Date of Birth	Driver's License # /Lic State	Social Security #

_____	_____	_____	_____	_____
Address	City	State	Phone	E-mail address

_____ Shift Preference (Check one): ☐Days (7 AM - 5 PM) ☐Swings (3 PM-1AM) ☐Mids (11PM-9AM)
Date or day of the week preference

Officer Preference (optional/not guaranteed) _____ How do you know this officer? _____

Reason for ride-along: ☐Applicant/ Potential Applicant ☐Citizen ☐Citizen Academy ☐Political/Media ☐Other: _____

For Official Use Only: Date Received: _____

Ride-Along Shift: _____

Ride-Along Date: _____

Officer's Name/DSN: _____

Supervisor's Signature: _____

Notes: _____

_____

Background Check by DSN: _____ Date:_____

RMS: _____ APSIN: _____ NCIC: _____

Approved: YES / NO

Approved by: _____

Notes: _____

_____

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