



Ride Along Request Form

Columbia Heights Police Department

825 41st Avenue NE, Columbia Heights MN 55421
Office 763-706-8100 | Fax 763-334-7667

The Columbia Heights Police Department allows Ride-Alongs as a way to help residents become aware of police roles and functions, and to encourage open and candid dialogue between police and community members.

If you are interested in riding along with a police officer, you will first need to apply and pass a criminal background check. If your Ride-Along is approved, you must complete online Security Awareness Training before your ride can be scheduled.

Ride-Along Procedures

With rare exceptions, you must be 18 years of age or older to participate in the Ride-Along program. No one younger than 16 years of age will be allowed to participate.

Forms must be signed by the participant and their parent for those between the ages of 16-18 years.

Riders are not allowed to carry weapons while riding with an officer.

Riders must be physically able to perform the observation function without assistance from the host officer.

Riders are to remain in the vehicle unless allowed to exit the vehicle by the officer.

Riders are there for observation only. At no time should you initiate contact with someone or help at a scene unless instructed to do so by the officer.

Riders are required to maintain a neat, clean and business-like appearance, and also dress appropriately for the weather. Any rider who shows up wearing inappropriate clothing will not be allowed to ride.

In order to be approved for a Ride-Along, applicants must not have any misdemeanor, gross misdemeanor or felony arrests within the past three years, and no felony convictions within the past ten years.



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APPLICANT INFORMATION

Applicant Name: _____ **Date:** _____

HOLD HARMLESS AGREEMENT

The undersigned, being eighteen years of age or older, does hereby request the Columbia Heights Police Department for permission to ride, as an observer only, in an authorized Columbia Heights Police Department motor vehicle. This observation is for the purpose of educational benefit. If permission is granted, I hereby agree to obey at all times all instructions, orders and commands given me by the officer or officers in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations will arise which might result in my being exposed to danger of physical harm, personal injury, or death caused by incidents including, but not limited to, motor vehicle accidents; assault; battery; or any intentional or negligent acts or omissions by me, or any officer, employee, or agent of the City of Columbia Heights, Minnesota.

Therefore, in consideration for the educational benefit to be received and the granting of the above request, I hereby agree to hold the City of Columbia Heights, its Council Members, its employees, agents and servants harmless from all liability for property damage, physical harm, personal injury, or death arising out of my experience as an observer, and I further waive all my rights or claims to damages, legal or equitable, arising out of any intentional or negligent acts or omissions by me, or any officer, employee, agent of the City of Columbia Heights.

Applicant Signature: _____ **Date:** _____

TENNESSEN WARNING

Pursuant to the Minnesota Government Data Practices Act, the City of Columbia Heights is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public.

Private data is available only to you, to appropriate city employees, and others as provided by state and federal laws who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application that is not designated in this notice as private data.

The information you give about yourself is needed to identify you and to assist the City of Columbia Heights in determining your eligibility to participate in this Ride Along. Failure to provide required information may make you ineligible for consideration.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant Signature: _____ **Date:** _____

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a Ride Along, I hereby authorize the MN Bureau of Criminal Apprehension, the Columbia Heights Police Department, or any law enforcement agency where I reside or have resided to disclose all contacts, records, and all criminal history record information to the Columbia Heights Police Department for the purpose of determining my eligibility for participating in a Police Ride Along. The expiration of this authorization shall be for a period no longer than one year from the date of my signature. I understand that the information released is for official use by the city and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant Signature: _____ **Date:** _____

IF APPLICANT UNDER 18 (BETW 16-18), PARENT/GUARDIAN MUST SIGN

As parent/guardian of _____, I hereby state that I have read this agreement and explained its terms to my child. I hereby accept this agreement on behalf of my child and on my own behalf. I agree that all references to agreements or statements of the applicant shall be considered to be references to me as well as my child.

Parent Signature: _____ **Date:** _____



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APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____

Other Legal Names (Example: Maiden): _____

Sex: _____ Driver's License #: _____ State: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Email: _____

Applicant Signature: _____ Date: _____

REQUEST INFORMATION

Reason for Ride Along Request:

Columbia Heights Resident

Criminal Justice Student School: _____

Other _____

Preferred Dates/Times: _____

OFFICE USE ONLY

Background Results: Clear See Attached

Comments: _____

Security Awareness Completed: Yes No

Decision: Approved Denied On Hold

Signature
(Chief or Designee): _____ Date: _____

Applicant Notification:

Email Mail Phone

Date Notified: _____ Initials: _____

Ride Along Assigned/Conducted:

Officer Assigned: _____ Time/Date of Ride Along: _____

Time Ride Along Begins: _____ End Time: _____