



Middletown Police Department

130 Hampden Rd Middletown, De 19709

Ride Along Application

Please fill out the information below and return to the Middletown Police Department. You must present your license/ID upon return of this form; for verification and documentation purposes. 'Ride-Alongs' are approved on a case by case basis by the Chief of Police; there are restrictions that will apply. For further information about the Middletown Police Department or our services please visit us at: www.middletownpd.us.

Applicant Information

Date: _____
Name: _____
Email: _____
Phone: _____
Address: _____

Age and Birthday: _____
License state and number: _____
Emergency Contact Name and Number: _____

Availability for Ride-Along : _____

Middletown Police Department
130 Hampden Road
Town of Middletown
Delaware, 19709
Phone: 302-376-9950
Fax: 302-376-9952
Website:
Police.Middletown.Delaware.Gov

If you have an academic requirement please complete this section:

School: _____
Year of Study: _____
Field of Study: _____
Professor: _____
Purpose: (ex: Research paper, exam, required experience, etc)

Is a Police Ride Along required for your class?

Yes No

****If you have prepared questions please attach with this form prior to your Ride Along.**

Interested in a career in Law Enforcement?

What area of Law Enforcement is of interest to you? (ex: Federal, State, Local, Police, Lawyer, Investigative, etc)

Have you applied to any Police Departments? If so, tell us which ones.

Why have you chosen to participate in the Middletown Police Departments Ride Along Program?

I hereby grant the police, permission to conduct a background check on me for the purpose of determining eligibility for participation in the Ride-Along Program.

Signature: _____ **Date:** _____



Ride Along Application

Please read the information below, initial and sign, prior to the beginning of your Ride-Along (This is a two page document, please fill out both pages). You must present your license/ID upon signing this form; for verification and documentation purposes.

Ride-Along Program Waiver of Civil Liability and Indemnification Agreement

I, the undersigned, desire to participate in the Middletown Police Department, Police Ride-Along Program in order to obtain knowledge of the necessary skills and duties of a police officer.

In consideration of the Middletown Police Department granting me permission to accompany a member or members of the police department as observed in the Ride-Along Program, and recognizing that this activity involves certain inherent dangers, I do hereby agree to assume all risks attendant to such activity and I do for myself, my heirs and assigns, hereby waive any and all rights and claims of liability for damages, losses, personal injuries (including exposure to contagious or infectious disease) or death which I might suffer or sustain or cause actions, damages or suits at law or equity of whatever nature which I have or may hereafter acquire against the Police Department, Middletown its elected officials, officer agents of employees, in both their public and private capacities, which are in anyway related to or are a result of my voluntary participation in the Ride-Along Program; and I hereby hold harmless such persons and entities.

I further agree to comply with all rules and regulations of the Ride-Along Program and any instructions or orders issued by members of the police, supervisory and administrative personnel and to not interfere in any way with the performance of the crew or supervisory personnel's duties.

I further agree to maintain all suspect/victim confidentiality and I will not disclose any information.

I hereby grant the police permission to conduct a background check on me for the purpose of determining eligibility for participation in the Ride-Along Program.

In the event that a demand or claim, whether meritless or otherwise, is made against the entities or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees and costs incurred in defending said demand or claim. I expressly agree that this agreement to indemnify shall be as broad and inclusive as permitted by the laws of the State of Delaware, and that in any portion, word, term, phrase, clause, or paragraph of this document is held invalid, the remainder shall notwithstanding, continue in full legal force and effect. I further agree that the execution of this waiver of liability, release, indemnification and hold harmless agreement does not constitute a waiver by Middletown of the defense of governmental immunity where applicable, or any other defense recognized by the courts of the State of Delaware.

As evidenced by my signature below, I certify that I have read and fully understand this waiver and its consequences and affirm that I am eighteen (18) years of age or older.

Print Name: _____

Date: _____

Signature: _____

Identification verified and signature witnessed by: (To be signed by Supervisor on duty or assigned Ride-Along Officer)

Officer name: _____

IBM: _____

Officer Signature: _____

Date: _____