

RIDE-ALONG GUIDELINES

The University of Arizona Police Department maintains a ride-along program so that members of the community may become familiar with day-to-day police operations and to increase public awareness of police functions in the community.

Eligible people are those who are at least 15 years of age. The parents or legal guardian must sign the Observer Ride-Along Waiver of Liability Form if the observer is under 18 years of age.

The following people are <u>not</u> eligible for the ride-along program:

- 1. A person who has been convicted of a felony
- 2. A person who has an active warrant

Please allow a minimum of 72 hours for the ride-along approval to be processed.

All ride-along applicants must successfully pass a background check prior to participation. The Police Department reserves the right to deny any ride-along application with or without cause. Approved observers will be contacted via email or telephone with information as to when and where to report for the ride-along. Please contact The University of Arizona Police Department at (520) 621-8273 if you have any questions.

Completed applications can be returned to the University of Arizona Police Department, located at 1852 E. 1st Street, Tucson Arizona, AZ 85721, Monday–Friday 8 am–5 pm, excluding holidays.

RIDE-ALONG RULES FOR OBSERVERS

- A. You are under the command of the officer, dispatcher, or police aide at all times.
- B. If you are ill or under the influence of alcohol or drugs, you will not be allowed to participate.
- C. Please wear clean, presentable attire. Jeans may be worn. Do not wear shorts, clothing with holes, opentoed shoes, tank tops, tube tops, or any article of clothing with inappropriate language or images.
- D. Do not leave the patrol car at the scene of any police activity unless permitted by the officer.
- E. Please refrain from speaking to prisoners, suspects, witnesses, or any other parties contacted unless authorized by the officer/dispatcher/police aide.
- F. Do not interfere with any official business at any time.
- G. No audio recorders, cameras, or weapons are allowed without permission.
- H. Food and drink are the responsibility of the observer.
- I. Observers must wear the observer vest provided by the department.
- J. If you are unable to keep your appointment, notify UAPD as soon as possible by calling (520) 621-8273.
- K. A ride-along may be terminated at any time at the discretion of UAPD.



WAIVER OF LIABILITY

FULL NAME		DATE OF BIRTH	
	st/ Middle/ Last)		
ADDRESS		CITY/STATE	
DAY PHONE	DRIVER LICENSE#	STATE	
REASON FOR RIDING			
PREFERRED DATES AND TI	IMES TO OBSERVE		
UNIT: □ PATROL □ POL	ICE AIDE \Box DISPATCH \Box OTHER (c	check one)	
EMAIL ADDRESS:			
Have you ever been convicted of	of a crime? Yes □ No □ If yes, please ex	xplain:	
PLEASE READ AND SIG	N THE FOLLOWING:		
maneuvers, exposure to armo accompany and observe a Un behalf of my heirs and estate Board of Regents, and all em may sustain while accompan of my scheduled tour, even i (excluding active Arizona ce record, video-record, or othe any third-party details of a co	even death from risks such as contact with ced individuals, and other activities engaged niversity of Arizona Police Department (UA), hereby agree to assume the risks describe aployees, agents, and servants of both, from aying a UAPD officer on patrol. I further age of said weapon is duly licensed or I am other extified police officers, federal law enforcements are record in any manner, any portion of the scene or other information overheard of the police of t	in by police officers. In consider APD) officer/employee perform differein, and I release the University and all injuries, liabilities, gree that I will not: 1) carry a warwise authorized by law to possinent, and current certified LEO my tour (unless prior approved or observed during the observer	deration of being allowed to ning duties, I, for myself and on versity of Arizona, the Arizona , damages, and other claims that I veapon of any type during the time sess and carry such weapon SA retired officers); 2) audio- l by UAPD); and 3) disclose to r period. I further agree to obey al
	E employees and acknowledge that my too		
	DF PARENT/GUARDIAN		
	OFFICIAL DEPARTMI		
COMMAND STAFF APPROV	AL: YES NO (Circle one) DATE:		
	DATE ASSIGNED:		
	THIS SECTION TO BE FILLED OUT BY	ASSIGNED UAPDEMPLOYE	ŒE
DATE OF RIDE	TIME OF F	RIDE: FROM	TO
ASSIGNED EMPLOYEE SIGN	NATURE		BADGE #
	**PLEASE READ REVERSE SIDE BEFORE		
□NO RECORD □RECORD	OFFICIAL USE (Attached) CHECKED BY		

Department employee will return completed form to the Command Staff member who approved the ride-along form. The form will be stored in the records unit.