

UAF POLICE RIDE -ALONG REQUEST

First, middle, Last name: _____

Address: _____

Driver's License number and state of issue _____

Phone number _____ Date of Birth _____

Email address: _____

Emergency Contact (Full Name, address, phone number, relationship): _____

Preferred Day(s) of week: _____ Preferred times: _____

Preferred Officer (if any): _____ Reason for Ride Along: _____

Do you have any needs that require consideration: _____

Are you an employee of the University of Alaska _____

*** LEGAL NOTICE PLEASE READ BEFORE SIGNING

This form must be completed and returned to the UAF Police Department at least 72 hours before the date requested. Submittal of form does not mean the request has been approved. Background checks will be performed on all requesters prior to the approval as to approval contacted by UAFPD to inform you of request status. During that contact, the date, time and officer assignment will be established if the request has been approved. Ride Along applicants will be given a safety briefing at the time of the ride along. Any questions concerning

UAF POLICE RIDE-ALONG AGREEMENT

Please read and initial the following statements. Every person going on ride-alongs must sign the UAF Police Department Ride-Along Agreement and the University of Alaska Release Agreement.

____ The officer I have been assigned to ride with has given me a safety briefing and the opportunity to ask questions that may clarify any requirements (initial at time of ride along).

____ I have voluntarily requested to ride as a passenger and observer in a UAFPD vehicle that will be operated by official Law Enforcement personnel while performing official duties as a peace officer.

____ I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.

____ I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the safety of myself and/or others. I do not take any action that will

UAF PD Form 1080c - 10w - 52d