



# RIDE-ALONG PROGRAM



# MELBOURNE POLICE DEPARTMENT

## OBSERVER APPLICATION

By completion and signature of this application, the applicant agrees to follow the rules and regulations as described in the application.

*Please complete the following: (Print clearly)*

NAME: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ D.L.# \_\_\_\_\_  
(Drivers License #/State)

Briefly, explain why you wish to participate in the Ride-Along program:

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----- **FOR OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE**-----

### CRIMINAL RECORD CHECK

F.C.I.C /N.C.I.C.: \_\_\_\_\_ RMS.: \_\_\_\_\_  
FLA SUMMARY: \_\_\_\_\_ BULLET: \_\_\_\_\_  
DL STATUS.: \_\_\_\_\_

Chief of Police Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Shift Assignment: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## ADMINISTRATION

Admin Lt / Date \_\_\_\_\_

CSO / Date \_\_\_\_\_

Admin File: \_\_\_\_\_

**MELBOURNE POLICE DEPARTMENT**  
**RIDE-ALONG RULES AND REGULATIONS**

I, \_\_\_\_\_ agree to the following stipulations  
(Print First, Last Name)

(Please initial after each statement):

- A. Must sign a waiver of liability prior to participation \_\_\_\_\_;
  
- B. No person under the age of eighteen (18) is permitted to participate in the Ride-Along Program \_\_\_\_\_;
  
- C. Must not carry firearms or other weapons, even if they possess a valid Concealed Weapons Permit issued by the State of Florida \_\_\_\_\_;
  
- D. Must have a valid photo id or drivers license with them when reporting for their scheduled Ride-Along \_\_\_\_\_;
  
- E. Must be dressed in clothing appropriate for contact with the public per Directive 54.2 (no shorts, jeans, or t-shirts, etc). A participant showing up for their Ride-Along inappropriately dressed will be denied participation in the Ride-Along program \_\_\_\_\_;
  
- F. Participant shall be considered an observer only, and shall be under the direct supervision of the assigned officer and must comply with the directions of the officer during the Ride-Along \_\_\_\_\_;
  
- G. Participant may be subpoenaed to court to testify as a witness in regards to his/her observations during particular incidents \_\_\_\_\_.

I have read the rules applicable to the Ride-Along program and agree to comply.

\_\_\_\_\_

SIGNATURE OF APPLICANT / DATE

**WAIVER OF LIABILITY  
AND COVENANT NOT TO SUE**

Know all men by these present that the undersigned, his heirs, executors, or administrators, do hereby waive and covenant not to sue all manner of action, damaged, claim, and demands and forever discharges the City of Melbourne, the Melbourne Police Department, and all of their agents and employees from any and all claims, demands, costs, loss of service, and liabilities on account of any and all injuries, losses, and damages to his person or property which might be caused, or may at any time arise by reason of his training, orientation or guided tour (s) under the supervision of agents and employees of the Melbourne Police Department.

The undersigned agrees to act only as an observer and to take no active part in any police action other than that which is required by state law.

The intention hereof is to release completely, absolutely, and finally the said City of Melbourne, the Melbourne Police Department, and their agents and employees from all liabilities which might arise wholly or partially from the cause aforesaid.

The waiver is given in consideration of training, orientation and guided tour(s) received through the cooperation of the Melbourne Police Department, its agents, and employees. I have fully read and understand the contents of this statement.

\_\_\_\_\_  
Signature of Observer

\_\_\_\_\_  
Date

**State of Florida  
County of Brevard**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by  
\_\_\_\_\_ personally known \_\_\_\_\_ or who has produced  
\_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
**Notary Public – State of Florida**

The execution of this Waiver of Liability and Covenant Not To Sue is required for every training session, orientation, "Ride-Along" or guided tour, or approved continuous "service" or "blocks" of the aforementioned.

Dear Observer:

The Melbourne Police Department hopes that your Ride-Along experience has been informative, enlightening and has given you an insight into the problems confronting law enforcement, your police officers, and your community. Any comments you may have, positive or negative, will be appreciated.

Sincerely,

Steve Mimbs  
Chief of Police

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### **OBSERVER RIDE-ALONG COMMENTS**

What impressed you the most about your ride?

In what way did this experience affect your attitude toward law enforcement?

Relate any suggestions and/or criticisms of the program.

Do you think the Ride-Along program should be retained? If so, how could it be improved?

\_\_\_\_\_  
Name of Observer

\_\_\_\_\_  
Age

The Melbourne Police Department thanks you for your participation in this program, and for your responses to our questions. They are asked in an attempt to upgrade the Ride-Along program for future participants.

## OFFICER'S RIDE-ALONG REPORT

Date of Ride: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Time of Ride: \_\_\_\_\_ Hrs. to \_\_\_\_\_ Hrs.  
Squad Assigned To: \_\_\_\_\_      Area Assignment: \_\_\_\_\_  
Name of Observer: \_\_\_\_\_      Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_  
Observer's Occupation: \_\_\_\_\_  
Special medical conditions or services requested by observer \_\_\_\_\_

Note any unusual activity that might be of later significance, actions observed during the ride, any comments of note, or other problems that you felt were significant:

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List major incidents observer witnessed during the Ride-Along: \_\_\_\_\_

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Total Hours of Observer ride: \_\_\_\_\_ Hours

Did the Observer interfere with your duties? \_\_\_\_\_ If so, how? \_\_\_\_\_

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Should this Observer be allowed to ride again? \_\_\_\_\_ If no explain: \_\_\_\_\_

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**OFFICER'S SIGNATURE / ID# / DATE**