



RIDE-ALONG PROGRAM APPLICATION
METROPOLITAN POLICE DEPARTMENT, WASHINGTON, DC



Pursuant to the policy and guidelines governing the Ride-Along Program of the Metropolitan Police Department (MPD), you are requested to complete the application section of this form so that your request may be processed. You will be advised if your request meets MPD requirements for the Ride-Along Program. If you are under eighteen (18) years of age, the MPD member accepting your application will provide you with a Juvenile Waiver which must be signed by your parent or guardian and returned at the time you are scheduled to ride. If you fail to provide a signed authorization, you will not be allowed to participate in the MPD Ride-Along Program.

APPLICATION TO PARTICIPATE IN THE MPD RIDE-ALONG PROGRAM

1. FULL NAME:		2. DATE OF BIRTH:	
3. HOME ADDRESS (IF STUDENT, LOCAL ADDRESS):		4. LOCAL HOME PHONE NUMBER:	
5. COMMUNITY OR CIVIC ORGANIZATION REPRESENTED:			
6. POSITION IN THE ORGANIZATION:		7. WORK PHONE:	
8. IF STUDENT, NAME AND LOCATION OF SCHOOL:			
9. RIDE-ALONG DATE REQUESTED:	10. RIDE-ALONG HOURS REQUESTED [FOUR (4) HOURS ONLY]:	11. RIDE-ALONG DISTRICT REQUESTED:	

12. REASON FOR REQUESTING RIDE-ALONG:

13. REQUEST FOR AUTHORIZATION:

I am hereby requesting to participate in the MPD Ride-Along Program. If authorized to participate in the program, I agree to abide by all of the rules and regulations governing the Program including, but not limited to, refraining from the use of any electronic recording devices, video equipment, and/or photographic equipment at any time during the ride-along. I understand that if I fail to abide by these prohibitions, the ride-along will be terminated, and I may be barred from any future participation in the program.

SIGNATURE DATE OF REQUEST

AUTHORIZATION TO PARTICIPATE IN MPD RIDE-ALONG PROGRAM (MPD USE ONLY)

14. APPLICATION REVIEWED/AUTHORIZED BY (PRINT RANK/NAME/CAD NUMBER)	15. ASSIGNMENT
16. TO: COMMANDER _____	
THE ABOVE-NAMED APPLICANT HAS BEEN AUTHORIZED TO RIDE IN A POLICE VEHICLE IN YOUR ORGANIZATIONAL ELEMENT.	
DATE OF RIDE-ALONG _____	TIME OF RIDE-ALONG _____
APPLICATION REVIEWED / AUTHORIZED BY (SIGNATURE) _____	

VERIFICATION OF PARTICIPATION (MPD USE ONLY)

17. TO: ASSISTANT CHIEF _____

THE ABOVE-NAMED PARTICIPANT RODE IN A VEHICLE ASSIGNED TO MY ORGANIZATIONAL ELEMENT ON THE ABOVE-DESIGNATED DATE AND TIME.

THE PARTICIPANT WAS ASSIGNED TO SCOUT CAR/CRUISER _____ OPERATED BY OFFICER(S) _____

ATTACHMENT: PD FORM 370 PD FORM 371

COMMANDING OFFICER