



Chief of Police  
Kelly Blackwelder

# Elon Police Department

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## Elon Police Department Ride-Along Program

Dear Fellow Citizen:

Thank you for your interest in our Police Ride-Along Program. The Ride-Along Program promotes a better understanding of law enforcement responsibilities, activities, and the work performed by police officers, while giving police officers an opportunity for close contact with Community Residents and a better understanding of our Citizen's concerns.

***The program is available to you on any day from 8:00 am until midnight. All participants are requested to be appropriately dressed, to have consumed no alcoholic beverages, and to assume all personal expenses during the ride.***

It is necessary that some restrictions be placed on participants. Persons eighteen years of age or older may participate by signing the "Liability Waiver". No one under sixteen years of age is permitted to participate in the Ride-Along Program, unless participating in the Department's Shadowing Program.

Please answer all questions on the attached questionnaire and return it to the Elon Police Department. You will be notified when you are scheduled to ride. You may only ride once in a six-month period unless approved by a waiver from Chief Blackwelder.

Thank you for your interest. We sincerely hope that your experience in the Ride-Along Program will be beneficial.

Kelly Blackwelder  
Chief of Police

**ELON POLICE DEPARTMENT  
RIDE-ALONG APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are you representing a community or civic organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a student? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your interest in participating in our ride along program?

\_\_\_\_\_  
\_\_\_\_\_

Dates you prefer to ride (please include date and time):

First Preference: Date \_\_\_\_\_ Time \_\_\_\_\_

Second Preference: Date \_\_\_\_\_ Time \_\_\_\_\_

Preference of Officer: \_\_\_\_\_

**RIDE-ALONGS**

Participants will have the opportunity to ride along with patrol officers for the purpose of observing patrol duties and are encouraged to ask the officer questions. Participants are directed to obey all instructions from the patrol officers immediately as a necessary safety procedure.

**PARTICIPANTS WILL:**

- Remain in the police vehicle and will not be allowed to become involved in the police officer's activities unless specifically directed to do so by the officer.
- If the patrol officer decides that a dangerous situation exists, which would compromise the participants' safety, the ride-along will terminate and the participant will be dropped off at a safe place. Arrangements will be made for the participants' transportation back to the Elon Police Department if the ride along is terminated.

**PARTICIPANTS WILL NOT:**

- Operate or use any police equipment or vehicle, except in emergencies or when requested to do so by the officer (only if licensed).
- Assist at the scene of an incident except when an officer specifically directs you or unless exigent circumstances exists.
- Make known to unauthorized persons the identity of persons arrested, detained, or suspected of any offense.

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**RETURN APPLICATION TO:**

Elon Police Department  
104 S. Williamson Ave.  
Elon, NC 27244

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**FOR OFFICE USE ONLY**

RESULTS OF RECORD CHECK: \_\_\_\_\_

CHECK CONDUCTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

**RIDE-ALONG PROGRAM**

**LIABILITY RELEASE FORM**

I, \_\_\_\_\_, request permission to participate in the Town of Elon Police Department's Ride-Along Program. I understand that I am not able to perform any police duties or interfere with the functioning of any officer.

There will be some limits on photos/videos and no weapons will be permitted.

In consideration of granting my request, I understand and agree that I ride in a patrol vehicle at my own risk and I do voluntarily assume any risks of accompanying a police officer in a patrol car.

I understand that the permission granted to ride in a patrol vehicle may be revoked at any time by decision of the patrol officer operating the police vehicle, or by any supervisory or command officer of the Police Department.

**I FURTHER DO HEREBY VOLUNTARILY AND KNOWINGLY RELEASE AND FOREVER DISCHARGE THE TOWN OF ELON, ELON POLICE DEPARTMENT, AND ANY OF ITS AGENTS OR EMPLOYEES FROM ANY AND ALL CLAIMS, DAMAGES, INJURIES, OR CAUSES OF ACTION GENERALLY ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE RIDE-ALONG PROGRAM.** I do hereby agree to hold and save the Town of Elon, Elon Police Department, its agents, and employees free and harmless from any and all liability for any injuries or damages that I might at any time suffer while participating in the Ride-Along Program, whether the same arises out of vehicle operation or hostile acts of any person encountered by me during the time I am accompanying a Town of Elon Police Officer.

I am \_\_\_\_\_ years of age.

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|---|--|---------------|
| _____<br>Signature of Applicant (Parent/Guardian) | _____<br>Applicant (Parent/Guardian)<br>Print Name | _____<br>Date |
|---|--|---------------|

|                                |
|--------------------------------|
| <b>POLICE OFFICER USE ONLY</b> |
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Name of Officer: \_\_\_\_\_ Date of Ride-Along: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_