

**HARVARD POLICE DEPARTMENT**  
"Winning with Teamwork"

Appendix A

**Ride Along Application**

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Last Name	First Name	Middle Initial
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Street number	Street Name	City	County	State	Zip
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Home Phone	Work Phone	Cell Phone
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Email address \_\_\_\_\_

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Emergency Contact Name	Phone
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I hereby agree to the following terms with respect to the City of Harvard allowing me to participate in a ride along with a City of Harvard Police unit as an observer.

1. All necessary forms and waiver must be submitted and the ride along must be approved by the Chief of Police.
2. Appropriate clothing must be worn, no clothing will be allowed that is distasteful, discriminatory, or is inconsistent with the image of the Harvard Police Department.
3. You may not be under the influence of alcohol, drugs, or other intoxicating compounds. Additionally, the use of tobacco products during the ride along will be prohibited.
4. You shall not possess any type of weapon during a ride along, unless possession of said weapon is lawful by virtue of their office and the Shift Supervisor approves the possession of the weapon.
5. You shall be provided and wear a ballistic vest while participating in the ride-along program.

Shift preference, date and time: \_\_\_\_\_

Officer preference: \_\_\_\_\_

Have you participated before (circle one):    YES    NO    Date and time: \_\_\_\_\_

If yes with what Officer: \_\_\_\_\_

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

The undersigned, parents of \_\_\_\_\_, a child under 18 years of age have read and understand the above application for my (our) child's participation in a ride along with the City of Harvard Police Department.

Parents' Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_