

HONOLULU POLICE DEPARTMENT
POLICE RIDE-ALONG PROGRAM

TO: ALL POLICE RIDE-ALONG PROGRAM PARTICIPANTS
FROM: LOUIS M. KEALOHA, CHIEF OF POLICE
SUBJECT: INSTRUCTIONS FOR ALL PARTICIPANTS

The opportunity to observe police patrol activities is offered to young persons aged 12 through 17 and to interested adults. In order to safeguard all participants and to minimize the possibility of interference with normal police activities, strict adherence to the following instructions is necessary.

1. Participants are under the complete control of the police officer at all times.
2. Participants shall not leave the police vehicle at the scene of any police activity without first obtaining the permission of the officer.
3. Participants shall not converse with any prisoner, suspects, or witnesses, nor shall they participate in any police activity unless directly requested to do so by the officer.
4. Participants shall be neatly dressed and groomed. The wearing of T-shirts, shorts, and slippers (i.e., with bare feet) will not be permitted.
5. Tape recorders, cameras, and video equipment will not be permitted while participating in the program.
6. If for any reason a participant is unable to keep a ride-along appointment, he or she shall notify the watch commander at the duty station of the officer with whom the ride was scheduled at least one hour in advance of the appointment.
7. Anyone who wishes to ride shall call the watch commander at the appropriate police station to make arrangements at least two days in advance of the desired ride-along date.
8. At times, because of the many demands of police work, we will not be able to accommodate all requests for rides. However, anyone who wishes to ride should not be discouraged; rides can always be arranged at later dates and times.

I HAVE READ THE FOREGOING INSTRUCTIONS AND I UNDERSTAND THEM.

PRINT OR TYPE NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE / TIME

PERMIT TO RIDE (ADULTS)

Name _____ is _____ Age _____

hereby authorized to ride along with a member of the Honolulu Police Department.

Signed: _____
Commander or Designee

Date: _____

HONOLULU POLICE DEPARTMENT ADULT WAIVER

I, the undersigned, for and in consideration of being permitted to ride in police vehicles, do hereby waive any claims against the Honolulu Police Department, its employees, or the Chief of Police, the Honolulu Police Commission, the Mayor, City Council, and the City and County of Honolulu for personal injuries, property damage, loss of service, or medical expenses of whatever nature which might arise as a result of such permission, by reason of accident or motor vehicle wreck resulting in injuries to myself, damage to my property, or loss of services or medical expenses. I have received a copy of Instructions for All Participants (HPD-233B).

Date: _____ Time: _____

Signature: _____

Approved: _____
Commander or Designee

Date(s) Valid: _____

HPD-385 (R-06/15)

EMERGENCY INFORMATION

Name: _____
Address: _____
SSN: XXX-XX-____ Date of Birth: _____
Family Physician: _____
Telephone No.: _____ Policy No.: _____
Medical Insurance: _____
In case of emergency, contact:
Name: _____
Address: _____ Relationship: _____
Telephone: _____

INFORMATION IN CASE OF INJURY TO ADULTS

I, _____, being permitted to ride in police cars, do hereby authorize the physician of the City and County of Honolulu emergency units to administer first aid treatment to me for any injuries incurred and to have the emergency physician attend to me for any injury which may require surgery, hospitalization, or further observation.

Family Physician: _____ Phone: _____

Address: _____

Allergies: _____ Blood Type: _____ DOB: _____

In case of emergency contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Signature: _____

Date: _____ Time: _____

HPD-385 (R-06/15)

Official form can be obtained at the district police stations in person.
*****SAMPLE ONLY*****
Community Affairs

PERMIT TO RIDE (MINORS)

Name _____ is _____ years of age

hereby authorized to ride along with a member of the Honolulu Police Department.

Signed: _____
Commander of Police

Date Applicable: _____

PARENTAL CONSENT FOR MINORS TO PARTICIPATE IN POLICE-YOUTH RIDE-ALONG PROGRAM

I/We, _____, parent(s)/guardian of _____ (age _____), who is a minor, consent to his/her participation and riding along with a member of the Honolulu Police Department in the Police-Youth Ride-Along Program. I/We shall assume responsibility for transporting my son/daughter/ward home, and I/we have received a copy of Instructions for All Participants (HPD-233B).

Date: _____ Time: _____

Signed: _____

Father

Mother

Guardian

Participant

Address: _____

HPD-233 (R-6/04) Witness (Police Officer): _____

EMERGENCY INFORMATION

Name: _____
Address: _____
Phone: _____
Date of Birth: _____
Family Physician: _____
Phone: _____ Bus: _____ Res: _____
Hospital: _____
In case of emergency, contact: _____
Name: _____
Address: _____
Phone: _____
Relationship: _____

INFORMATION IN CASE OF INJURY TO JUVENILES

I/We, _____, parent(s)/guardian of _____, do hereby authorize the physician of the City and County of Honolulu emergency units to administer first aid treatment to me for any injuries incurred and to have my family physician attend to me for any injury which may require surgery, hospitalization, or further observation.

Family Physician: _____ Phone: _____

Address: _____ Night Phone: _____

Hospital: _____ Blood Type: _____ BOB: _____

In case of emergency contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Signature: _____

Address: _____ Phone: _____

Date: _____ Time: _____

Official form can be obtained at the District Police Stations in person. ***SAMPLE ONLY***