

**CARLISLE POLICE DEPARTMENT
PRESS RELEASE
April 22, 2015**

CARLISLE POLICE ANNOUNCE RIDE-ALONG PROGRAM

The Carlisle Police Department has started a new citizen ride-along program aimed at enhancing public education as it relates to understanding the role and operations of the department and to improve police-citizen communications and cooperation.

Citizens will now be allowed to do a ride-along with a patrol officer to observe police operations first hand. This opportunity will hopefully give citizens the chance to see how officers perform their duties day in and day out, and the high degree of professionalism with which these officers serve the community.

It is hoped by opening this opportunity to residents, the already good communication and cooperation between the community and Carlisle Police will be improved. The Carlisle Police Department is trying to enhance transparency and the ride-along program is one step in that process.

“This is a wonderful opportunity for us to enhance police-citizen dialogue and cooperation,” said Mayor Tim Scott. As the people’s elected representative to oversee the Carlisle Police Department, I am committed to bringing together our community.”

Below you will find a Ride-along request form that is required to be completed and submitted to the Carlisle Police Department. This form is also available at the Carlisle Police Department.

CARLISLE POLICE DEPARTMENT

240 Lincoln Street
Carlisle, PA 17013
717-243-5252

RIDE ALONG REQUEST

Name:	Date of Birth:
Address:	
Telephone #:	Social Security #:
Employer/School:	Position/Major:

Have you ever been arrested by any police department for an offense other than traffic violations: yes no

If yes, explain: (provide dates, locations, circumstances, outcomes)

Why do you want to do a ride-along with the Carlisle Police Department?

List two (2) references: (NO RELATIVES)

Name:	Name:
Address:	Address:
Telephone #:	Telephone #:

I authorize the Carlisle Police Department to conduct a criminal history background check on me, and I further authorize any law enforcement agency which may possess arrest information on me to release that information to the Carlisle Police Department.

Print Name:	Signature and Date:
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I, _____, do hereby waive any claims or demands for damages or compensation in any way growing out of my actions, or actions of the Carlisle Police Department, while accompanying officers performing their duties. I understand that my actions are voluntary, and I hold the Borough harmless for any event that may occur while riding in a Borough police vehicle.

Ride-along approved:	By:
Ride-along denied:	Date:

* General Order 88.1 attached.