

Effective Date: 05/03/12	Revised: 09/11/2019	Applicant Name:
Subject Ride-Along Program and Forms		Number of Pages 11
Purpose To establish policy and procedures to be followed regarding the Ride-Along Program whereby citizens and officials may become passengers in police vehicles while the officer is on duty.		
Policy It is the policy of the Chisholm Police Department to allow selected civilians to accompany sworn officers during the performance of their official duties in an effort to promote understanding of the duties carried out by those officers and to provide for the educational needs of those civilians.		

The observation and understanding of police patrol activities by citizens and officials through a Ride-Along Program is a beneficial objective; however, the presence of passengers and observers in police patrol units has a diminishing effect upon the efficiency and safety of our police officers. Because passengers change the balance between the demands of routine patrol activities and vehicular operations, the policy is adopted to place reasonable restrictions of the frequency of passengers and observers in patrol vehicles, consistent with the priorities of the police department. Typically, those selected to participate will be fulfilling an educational requirement or performing a civic duty. Examples of those expected to be allowed to participate in this program include:

- High School students exploring various careers as part of a class assignment
- Student Interns
- Law Enforcement Students
- Police Chaplains
- Job Applicants
- Other sworn peace officers
- City Officials
- Media Personnel

Authority

1. The Chief of Police or shift supervisor has the authority to permit or allow citizens or officials the privilege of becoming passengers in police vehicles during the time the police officer is performing his/her duties providing the Release and Indemnity Agreement has been signed.
2. Ride-alongs provided to elected city officials, other city department officials, police officers from other agencies, police chaplains, or representatives from the news media may be initiated by the Chief of Police or any sworn police officer of the department, providing the ride-along is cleared with the shift supervisor.
3. Once the Release and Indemnity Agreement and Ride-Along Policy sign off has been signed by the requesting party, this shall suffice for future ride-alongs. **Unless approved by the Chief of Police, an accepted applicant will be limited to two ride-alongs.** Exceptions to this will include probation officers and chaplains.

Procedure

1. Application
 - a. **Persons desiring to participate in the Ride-Along Program must first fill out a City of Chisholm Application form, sign the Indemnity Agreement and Ride-Along Policy Sign Off and provide a cover letter explaining why you would like to ride along with the Chisholm Police Department.**
 - b. Persons desiring to participate will seek and obtain permission from the Chief of Police or the shift supervisor. The Chief or shift supervisor will consider the reason the applicant wants to ride along, hours selected, and the criminal background of the applicant.
 - b. Citizen ride-along **requests must be submitted to the shift supervisor at least 2 weeks in advance** of the proposed ride-along date for scheduling. The shift supervisor may deviate from the 2 week advance notice requirement, but will not accept a ride along with less than 24 hour notice.
 - c. Official ride-alongs shall be scheduled with as much advance notice as possible and shall be communicated to the supervisor of the affected shift.
2. Assignment
 - a. Hours, locations and assignments participants will be allowed to participate in are to be determined by the Chief or shift supervisor.
 - b. Ride-along participants shall be advised to report to the Police Department desk.
 - c. Ride-alongs will not be present at shift changes unless the on duty supervisor specifically authorizes their presence.

- d. The presence of the participants typed name in the Ride-Along Log indicates the participant has completed the Application, Ride-Along Request form, the Release and Indemnity Agreement, Ride-Along Policy Sign Off and has been signed by a police department official and verified by the records department. The intention of this documentation is to protect the liability interests of the City of Chisholm and its Police Department when civilians desire to ride with police officers for an extended period of time.
- e. The officer is responsible for the safety of the ride-along participant and should not intentionally involve the citizen in a dangerous situation.
- f. In routine calls, it is discretionary whether the rider should or should not accompany the officer into a building or residence. Good judgement should be exercised in cases where the officer suspects or knows that the call may be hostile or dangerous in nature.
- g. In the event that the officer becomes involved in an emergency assignment, he/she may respond with or without their rider. The officer may leave the rider in a safe place to be picked up later, if times permits.

3. Limitations

- a. The Ride-Along program shall be limited to marked patrol units only, no unmarked.
- b. Applicants requesting to participate in the ride-along program shall be 18 years or older. (In some instances juveniles will be allowed to ride if parents sign agreements also.)
- c. The ride-along participant shall be under the direct supervision of the officer to whom they are assigned.
- d. Ride-alongs shall not be armed, nor shall they be given access to any weapons while participating in the ride-along, except in the case of peace officers who are authorized to carry firearms in Minnesota.
- e. Ride-along participants should be given minimal instruction on how to request assistance over the radio if an emergency should occur.
- f. Officer initiated citizen ride-alongs shall be limited to one request per month by any officer.
- g. Police chaplains will wear identification badges and/or outerwear identifying them as a chaplain. Any deviation must be approved by the shift supervisor.
- h. Remember: Police ride-alongs are a privilege. A ride-along is an observer. The participant will follow the direct orders and requirements given to them by the police officer they are riding with. The participant will not direct a police officer on how they should resolve an incident or how to perform daily activities. Computers, squad cars, radios and related police equipment will not be used by a ride-along except under the strict guidance of a police officer or in an emergency situation.

Termination

1. The Chief or shift supervisor may terminate the opportunity to participate in the ride-along program at any time that it is determined to be in the best interest of the Chisholm Police Department. **The reason for termination will be documented by the supervisor and forwarded to the Chief.**
2. The officer participating may terminate the ride-along at any time if the individual hampers, interferes, or otherwise hinders the performance and efficiency of the officer.
2. **Ride-along authorization expires one year from the date of approval.**
4. Expiration for police chaplains and probation officers is seven years from the date of approval.

Records

Records of ride-along participants shall be documented in the ride-along book at the police desk. The information recorded shall be name, date, start time, end time, officer assigned to, √ release signed, √ policy read and signed, and supervisor's initials and shall be legible. Release and policy signoffs shall be kept on file in the office of the Chief of Police.

Chisholm POLICE DEPARTMENT

*Vernon Manner
Chief of Police
301 West Lake Street
Chisholm, MN 55719*

*218.254.7915
Fax 218.254.7939*

RIDE-ALONG POLICY SIGN OFF

A copy of the Chisholm Police Department Ride-Along policy has been made available to me.

I acknowledge that I have read the aforementioned policy and that I fully understand the policy and procedures of the Chisholm Police Department regarding citizen Ride-Alongs.

Signature

Officer Witness

Date

RIDE-ALONG PROGRAM

Welcome to the Chisholm Police Department's Ride-Along Program. All participants must read and sign the Release and Indemnity Agreement prior to going on a Ride-Along.

RELEASE AND IDEMNITY AGREEMENT

WHEREAS, the undersigned participant, or the custodial parent or legal guardian on behalf of a person under age eighteen (18) has voluntarily elected to ride as a passenger in the Police Department vehicles of the City of Chisholm, St. Louis County, Minnesota and to accompany the Police Officers and said City while engaged in the performance of their duties, to study and observe for his/her own benefit the functions and operations of the Chisholm Police Department and its personnel; and

WHEREAS, the undersigned desires to do so at his/her own risk and recognizing the possible and inherent danger to his/her person and property resulting therefrom; and

WHEREAS, in connection with this observation of the Police Department, the undersigned may become privy to certain information that should not be disclosed to other individuals and which may include data which is classified as private, confidential or non-public under State and Federal law; and

WHEREAS, the City of Chisholm does not wish to be liable for any damages arising from personal injuries and/or property damage sustained;

NOW, THEREFORE, in consideration of the premises and other good and valuable consideration, the undersigned does hereby for himself/herself, his/her wife/husband, heirs, executor or administrator and personal representative; or the undersigned custodial parent or legal guardian on behalf of a participant under the age of 18:

- A. Agrees to refrain from disclosing to a spouse, parent, friend or any other individual information of any nature that the undersigned may obtain through his/her observation of the Police Department;
- B. Assumed full responsibility for any personal injury or damage to his/her person or property which may occur, directly or indirectly while in, on or about any such Police Department vehicles, the Police Department premises or any part thereof, at the St. Louis County Courthouse in Chisholm and all other City-owned property or while accompanying any Police Officers of the City of Chisholm while in performance of their duties;
- C. Fully and forever releases and discharges the City of Chisholm, its agents and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on or about any such Police Department Vehicle or at any or all the premises and places aforesaid or while accompanying any Police Officers of the City of Chisholm as aforesaid;
- D. Indemnifies and holds harmless the City of Chisholm, its agents and employees for any acts or conduct of the undersigned of whatever kind or nature whatsoever while in, on or about any such Police Department vehicle or at any or all of the premises and places aforesaid or while accompanying any such Police Officer as aforesaid or disclosing at any time or place information learned while observing the operation of the Chisholm Police Department;
- E. Agrees to defend and to pay any costs or attorney's fees as a result of any action brought by or against the City of Chisholm, its agents and employees for any acts or conduct of the undersigned of whatever kind of nature whatsoever while in, on or about any such Police Department vehicles, or at any or all of the premises and places aforesaid, or while accompanying any such Police Officer as aforesaid or disclosing at any time or place information learned while observing the operation of the Chisholm Police Department;

- F. States that he/she is of the date of the execution hereof, the age of eighteen (18) years or older; or that he/she is under eighteen (18) years of age and that his/her parent/guardian has agreed and explained the terms of this agreement to him/her; and
- G. Understands that the Police officers may terminate a ride-along at any time for reasons including, but not limited to, ride-along conduct or call-load needs.
- H. Agrees that it is the intent of the undersigned that this Ride-Along Release, Non-Disclosure and Indemnity be in full force and effect at any time after the execution hereof.

PARTICIPANT INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____ Race: _____ Sex: _____

City/State/Zip: _____ Occupation: _____ LE Student: Y N

Reason for Request: _____

Home Phone: _____ Work Phone: _____

Email: _____

Date/Time Requested for Ride-Along: _____

I have participated in the Ride-Along Program with the Chisholm Police Department within the past year and have signed a release and indemnity agreement and have reviewed the Department's Ride-Along Policy: yes no

I certify that the foregoing information that I have provided is true and correct:

Date: _____ **Signature:** _____

**** IF UNDER 18 YEARS OLD, PARENT/GUARDIAN MUST COMPLETE BELOW:**

As a parent/guardian of _____, I hereby state that I have read this agreement and explained its terms to my child. I hereby accept this agreement on behalf of my child and on my own behalf. I agree that all references to agreements or statement of the volunteer shall be considered to be reference to me as well as my child and that for purposes of this agreement; I shall also be considered a volunteer.

Date: _____ Parent: _____

Witness: _____

*****POLICE DEPARTMENT COMPLETES BELOW*****

Permission is hereby granted to the person named herein, and whose signature is affixed above, to be a passenger in a Chisholm Police Department vehicle as follows:

Date/Time Ride-Along Begins: _____ @ _____ hours

Date/Time Ride-Along Ends: _____ @ _____ hours

Approved by Chief of the Police Department via:

Date: _____ Officer: _____

DATA PRACTICES RIGHTS ADVISORY

As an applicant for ride-along with the Police Department of the City of Chisholm, you are being asked to provide information about yourself which will be used in consideration of your application. The purpose of this request for information is to obtain information about you to permit the Police Department to make basic checks relating to the existence of a criminal record(s), outstanding warrant(s), and to ensure that you possess a valid Minnesota Driver's License which illustrates no chemical related motor vehicle violation(s). You are being requested to sign these documents and complete the information in order to be considered for Ride-Along. The information contained in the Ride-Along Release, Non-Disclosure and Indemnity Agreement is required by Chisholm Police Department Policy. If the information is not furnished, processing of your application will not proceed, and Ride-Along will not be permitted.

The data you are being asked to provide is defined under the Minnesota Government Data Practices Act. Under the Date Practices Act, some of this data is classified as private data or confidential. As a result of the classifications of this data, data will not be released to any person other than those public officers and agencies who have a need to know such information in order to process and make a decision of the approval of your application. The purpose and intended use of the information provided to the Police Department is to determine whether authorization for Ride-Along should be approved.

If ride-along is granted, the data supplied by the ride-along applicant will become public. Public data is data which is available to any person upon request.

The release for information which you have singed, and the data you provide, may be conveyed to third parties. To the extent they reveal private information; they will be disclosed only to the extent that is necessary to do the required application processing.

I have read and understand the above:

Signature of Applicant

Date

CHISHOLM POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT
POSITION: RIDE ALONG

PRINT clearly with INK or TYPE

Last name	First Name	Middle Name	May we call you at work? Yes _____ No _____	
Street Address		Apt. No	Work Phone	Home Phone
City		State	Zip Code	
Email Address:			Are you age 18 or older? Yes _____ No _____	
Are you a United States Citizen or if not, do you have permission to work in this county? Yes _____ No _____ If you are not a U.S. Citizen, attach a copy of your INS employment authorization form.				

Driver's license information:				
Type:	State:	Number:	Expiration Date:	

Have you legally changed your name within the past five years?	Yes _____	No _____
If yes, list previous names: _____ _____		

Have you served a sentence in jail or prison or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed: Yes _____ No _____
You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside, or purged, or if you have been pardoned pursuant to law.
If "Yes", please attach a separate sheet with explanation, including state and county of conviction, date of conviction, and description of conviction. Information concerning this question will not automatically bar you from employment, but may be used to direct your interest to areas less related to the area of your conviction.

ALL OTHER INFORMATION ON THE APPLICATION FORM IS PUBLIC, THAT IS IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE.

Last Name	First Name	Middle Name	May we call you at work? Yes _____ No _____	
Street Address		Apt. No.	Work Phone	Home Phone
City	State	Zip Code	Title of Position for which you are applying:	

FORMAL EDUCATION

Do you have a high school diploma or GED equivalency? Yes _____ No _____						
College, University or Professional School (List All Undergraduate and Graduate Work)		TOTAL MONTHS ATTENDED	TOTAL No. of Credits Earned	Degree Type AA,BS,etc	Degree Date Rec'd or Anticipate	Major Field(s)
Name	Location					
Business, Correspondence, Trade, Technical or Vocational School		TOTAL MONTHS ATTENDED	Full Time	Part Time Hrs., Wk.	Cert. Rec'd? (Yes/No)	Program Title
Name	Location					

WORK EXPERIENCE

Provide a complete description of all qualifying experience, paid and/or volunteer, starting with the most recent position held. (Please refer to instructions of Page 2).

Organization: _____ Tele.#: _____	% of Time	LENGTH OF EMPLOYMENT	
Address: _____		From _____	
Position Title: _____ Supervisor _____		Mo. Year	
Major Activities: 1. _____		To _____	
2. _____		Mo. Year	
3. _____		Total _____	
4. _____	Years Months		
5. _____	Hrs/Week _____		
Machines/equipment you operated:		(If hours vary, indicate average hours per week)	
Number and Title(s) of people you supervised:			

Organization: _____ Tele.#: _____	% of Time	LENGTH OF EMPLOYMENT	
Address: _____		From _____	
Position Title: _____ Supervisor _____		Mo. Year	
Major Activities: 1. _____		To _____	
2. _____		Mo. Year	
3. _____		Total _____	
4. _____	Years Months		
5. _____	Hrs/Week _____		
Machines/equipment you operated:		(If hours vary, indicate average hours per week)	
Number and Title(s) of people you supervised:			

Organization: _____ Tele.#: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you operated: Number and Title(s) of people you supervised:	% of Time _____ _____ _____ _____ _____	From _____ Mo. Year To _____ Mo. Year Total _____ Years Months Hrs/Week _____ (If hours vary, indicate average hours per week)
Organization: _____ Tele.#: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you operated: Number and Title(s) of people you supervised:	% of Time _____ _____ _____ _____ _____	From _____ Mo. Year To _____ Mo. Year Total _____ Years Months Hrs/Week _____ (If hours vary, indicate average hours per week)
Organization: _____ Tele.#: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you operated: Number and Title(s) of people you supervised:	% of Time _____ _____ _____ _____ _____	From _____ Mo. Year To _____ Mo. Year Total _____ Years Months Hrs/Week _____ (If hours vary, indicate average hours per week)

ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

APPLICANT'S SIGNATURE

ATTENTION - THIS STATEMENT MUST BE SIGNED. ANY FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW.

Read the following statements carefully before you sign this application.

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection, or dismissal if employed. I have read the Data Privacy Advisory (page 2) and agree to supply the information on this form with full knowledge of the meaning of that warning.

SIGNATURE OF APPLICANT: _____ DATE: _____