



**ST. JOSEPH POLICE DEPARTMENT
RIDE-ALONG APPLICATION**

PRINT ALL INFORMATION

NAME _____
 LAST FIRST M.I. Maiden

D.O.B. _____ SSN _____

HOME ADDRESS _____

CITY/ STATE _____

HOME PH. _____

CELL PH. _____

EMPLOYMENT _____

EMP. PH. _____

Email _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ (explain on back) No _____

Criminal History Check

I, the undersigned, understand that by applying for the Ride-Along Program, a criminal history check may be completed. I, hereby, give permission for this check to be completed. The information from this check cannot be used for any purpose other than the Citizens Ride-Along/Practicum/Intern Program.

Signature of Participant: _____ Date _____

Requested ride along dates _____

**ST.JOSEPH POLICE DEPARTMENT
RELEASE AND WAIVER**

In consideration of the St. Joseph Police Department granting me permission to enter its police vehicles and ride in the same while said vehicles are on patrol and/or emergency calls ("ride-along"), I, (the undersigned) hereby, expressly agree to ***release and waive all claims*** for damage, loss, and/or injury to my person and/or property which may be caused by any negligent or reckless act, or failure to act, of the St. Joseph Police Department, its officers, agents and/or employees.

I further expressly agree to *assume all risks* associated with my decision to participate in the ride-along program and waive any and all specific notice of the existence of any dangerous conditions that may exist, or that may be associated with the ride-along program.

I acknowledge that I have read this Release and Waiver in its entirety and that I understand and agree to the terms and conditions of the same. I also acknowledge that I have freely and voluntarily executed this Release and Waiver and that I understand that said Release and Waiver is, and shall be, binding upon me, my successors, heirs, assigns, and personal representatives.

Signature of Participant: _____ Date _____ (mandatory)

Participant Print Name: _____ (mandatory)

Witnessed By: _____ Date _____ (mandatory)

Witness Print Name: _____ (mandatory)

Approved By: _____ (Commander or Designate)

Date _____

Amended July 2014

ST.JOSEPH POLICE DEPARTMENT

RIDE-ALONG REGULATIONS

The St.Joseph Police Department has instituted a program involving citizens age eighteen and older to participate in Ride-Along Program. The following guidelines are for the benefit of participating citizens and police department personnel. These guidelines are to be **strictly** adhered to by those individuals who participate.

1. Before beginning their course period of time with the Police Department all riders will review all guidelines with an assigned commissioned officer within the department.
2. Riders will not carry weapons of any kind regardless of right to carry permits. Commissioned officers must be in their jurisdiction to carry a firearm
3. Riders will not represent themselves as employees of the St. Joseph Police Department and will not communicate with any victims, suspects or witnesses.
4. All riders will dress appropriately. Apparel deemed inappropriate includes cut-off jeans, tank tops, T-shirts, etc. Business casual attire is required.
5. All participants will notify the ride-along supervisor as to the dates and times they wish to ride. This information will be forwarded to the appropriate division office for tentative assignments and ride-along activities
6. Ride-Along policies: It will be at the police officer's discretion (to which the rider is assigned) as to whether or not the student can leave the vehicle during response to various calls for service. Obviously, calls involving weapons, violence, suicides, etc. will restrict his/hers participation.
7. Before beginning their Ride-Along activities the rider will carefully review and sign a waiver of liability concerning their participation with the St.Joseph Police Department.

Amended July 2014

8. Ride-Along participation can be terminated for non-compliance with policies, guidelines, improper behavior, improper dress, failure to take direction from departmental personnel, or any actions by the participant in violation of departmental standards.

9. Riders will not disclose or discuss any information concerning police activities they gained while doing the ride-along with the general public or family members.

10. Ride-alongs must not enter onto private property without the permission of the owner of the property, tenant, etc.

11. Upon approval for the ride-along programs you will be issued a **Citizen Observer I.D.** This will be worn at all times you are in the L.E.C. or in police vehicles. Upon completion of the ride-along or internship you are responsible to return the I.D.

12. Ride-alongs are limited to three ride-alongs per calendar year-one time per shift.

13. Upon completion of your ride-alongs, you will receive an evaluation. You are required to complete and return it to the Support Services Division.

Have your cell phones with you. If a serious call is dispatched you might not be allowed to go and will need to call someone to come get you.

You may or may not get a meal break but have money with you in case.

You are not allowed to take pictures or otherwise record any police activities

Signature of Participant_____

Witnessed by:_____

Date_____



**St. Joseph Police Department
Support Services Division
Intern/Ride-Along Survey**

In an effort to make our program a valuable learning experience I would like you to evaluate the program.

	<u>Poor</u>		<u>Good</u>		<u>Excellent</u>
Did the program meet your expectations?	1	2	3	4	5

Comment: _____

Did you find the ride-along educational?	1	2	3	4	5
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Comment: _____

Were the officers and civilian employees knowledgeable about their jobs?	1	2	3	4	5
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Comment: _____

Please suggest ways that would improve the program. (optional)

Additional Comments: _____

Please return to:
Sgt. Roy Hoskins
St. Joseph Police Department
501 Faraon, 64501
236-1473