



Ride Along Policy and Rules

The goal of the Pontiac Police Department Ride Along Program is to acquaint citizens with the department while providing quality service to the community. In order to accomplish this goal, the following policies and rules are applied to this program.

The attached Authorization and Waiver forms must be submitted at least **two weeks prior to the requested ride along date**. Please mail or hand-deliver the entire Ride Along packet to 413 N. Mill St, Pontiac, Illinois 61764. If you have any questions please feel free to contact: Major Jim Woolford at (815) 844-5148.

The minimum age for the Ride Along Program is 18 unless the Chief of Police grants an exception for 16 and 17 year olds.

The Ride Along Program is offered as a privilege. The Pontiac Police Department reserves the right to refuse any application for a ride along and a ride along may be terminated at any time at the discretion of the Officer or the Shift Supervisor.

"Uniforms" of any type will **not** be allowed (ie: military, other police agencies, etc.) unless prior approval is obtained.

Tape recorders and cameras will **not** be allowed unless previously approved by the Police Department.

You are riding in the capacity of an observer and you are under complete control of the Officer at all times. Every effort is made to insure your safety; however, the Officer's first responsibility is to carry out his/her assigned duties. The Officer you accompany will discuss his/her duties as time permits. If some emergency should arise, you must without question, comply with any orders or directions given you by the Officer. The required completion of the Authorization and Waiver forms provide notice of the rights and liabilities related to participation in our Ride Along Program. Participants assume any and all risks associated with the Officer's performance of official duties as a condition of accompanying any members of the Pontiac Police Department in the Ride Along Program.

Thank you for your interest in the Pontiac Police Department!
(Please retain this page for future reference)



Complete this application in its entirety. If approved you will be contacted with your scheduled date and time.							
Name (Last, First, Middle):							
Address:							
City				State			
Home/Cell Phone:				Work Phone:			
Date of Birth:			Race:		Sex:		
Driver's License/ID Number:				Driver's License State:			
Occupation/School:				Employer:			
Have you ever been arrested for a felony or misdemeanor?				Yes		No	
If yes, please explain:							
Have you ever participated in the Ride Along Program before?				Yes		No	
				If yes, when?			
Why do you want to participate in the Ride Along Program?							
Please check the shift and list possible dates that you want to ride. The date you are given will be at the discretion of the Patrol Commander.							
First Shift				1.			
Second Shift				2.			
Third Shift				3.			
Person to Notify in Case of Emergency:				Contact Phone Number:			
For Department Use Only							
Records Check Status:	Yes	No	If yes, attach hard copy	Check Performed		Date:	
NCIC Status:	Yes	No		Check Performed		Date:	
Criminal History:	Yes	No		Check Performed		Date:	
Application:	Approved	Denied	Patrol Cmdr. Initials:		Date:		
Comments:							
Date Scheduled:				Shift:			
To be Filled Out by the On-duty Supervisor at the Time of Ride Along							
Requestor Notified:		Hours:		Date:		Supervisor's Initials:	
Citizen was assigned to ride with Officer:							
Date of Ride Along:		Time In:		Time Out:			
On-Duty Supervisor's Signature:							
Comments:							

Please Print Legibly



RELEASE OF CLAIMS, INDEMNITY AGREEMENT, CONFIDENTIALITY AGREEMENT AND COVENANT NOT TO SUE

Whereas I, _____, for and in consideration of the undersigned, not being a member of the Pontiac Police Department (hereafter referred to as "Department," having requested to serve in the Ride Along program (hereafter referred to as "Program" with the Department, and being given the opportunity of observing department operations by being permitted to partake in the Program and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned (hereafter referred to as "Citizen Ride Along") agrees to the following:

1. Citizen Ride Along agrees that all information overheard, observed or gained about any client, case or subject of investigation of this Department is confidential and shall not be repeated to or shared with anyone outside the Department;
2. Citizen Ride Along recognizes and understands that work of the Department is an inherently dangerous activity and may subject the Citizen Ride Along to great bodily harm, including, but not limited to severe bodily injury and death;
3. Citizen Ride Along recognizes and understands that work of the Department is an inherently hazardous activity and that damage to Citizen Ride Along property may arise from the Program;
4. Citizen Ride Along freely, voluntarily and with such knowledge, assumes the risk or risks associated with such activities, including but not limited to: Death, personal injury or property damage arising from or in any way connected to accompanying members of the Department during the performance of their official duties, whether due to negligence or otherwise, and neither he/she nor any of his/her representatives shall have the right or claim against the Department, its officers, employees, agents or volunteers in respect or arising out of any such death, injury, loss or damage;
5. Citizen Ride Along hereby releases, waives, holds harmless and indemnifies the officials, officers, employees, agents and volunteers of the Department from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury to the Citizen Ride Along or his/her property incurred while riding in any vehicle assigned to the Department, or while accompanying members of the Department during the performance of their official duties or while on the premises of the Department, whether such loss, damage or injury results from the negligence of the Department, any members of the Department and their sureties or from some other cause;

Jim Woolford
Chief of Police

Citizen Ride Along hereby warrants and represents that he/she is fluent in the English language and is not currently under the influence of any drug or substance, medication, alcohol or other intoxicant or otherwise subject to any mental condition which may impair his/her ability to understand the nature and meaning of this waiver;

6. Citizen Ride Along agrees that the provisions of this waiver shall be severable. In the event any of the terms or provisions of this waiver are deemed to be void or otherwise unenforceable for any reason, the remainder of this waiver shall remain in full force and effect;
7. Citizen Ride Along further understands that no hospitalization, health or accident insurance is provided with this waiver;
8. Citizen Ride Along agrees that the Department has not induced the Citizen Ride Along to participate in the Program as a participant and the Citizen Ride Along is not relying on any representations of the Department as to the safety, supervision or support during participation;
9. Citizen Ride Along freely, voluntarily and with the knowledge of the content of this document assumes the risk or risks associated with participation in the Program, including but not limited to death, personal injury or property damage arising from or connected with participation in the program, either with or without the supervision of a member or members of the Department.

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENT OF THIS DOCUMENT AND SIGN THE SAME OF MY OWN FREE WILL.

Date: _____

Signature of Program Participant

Signature of Parent (if Citizen Ride Along is under age 18)



**PONTIAC POLICE DEPARTMENT Ride Along Program Parental Release Form
(for participants either 16 and 17 years of age)**

1. _____ We are the legal guardians of, _____, the minor child who has applied to the City of Pontiac to participate in the following activity at the Police Department.

2. We have carefully read the preceding Release of Claims, Indemnity, and Covenant Not to Sue ("The Release") executed by him/her.

3. We believe that our child is sufficiently mature to understand the terms of Release, to consent knowingly to the terms of the Release, and to assume knowingly the risks accompanying his/her participation in the above mentioned activity.

4. On our behalf, and as legal guardian of said minor child, we hereby agree as follows:
 - a. We consent to our child's execution of the Release and participation in the above described activity.
 - b. We hereby waive and release any claim against the City of Pontiac, the Pontiac Police Department, its Chief, employees, agents, and sureties that may arise out of any injury, damage, loss, or expense, either to our minor child, to us, or to our property, incurred while our child is participating in the above-described activity.
 - c. We agree on behalf of ourselves, our heirs, executors, administrators, and assigns, to defend and indemnify the City of Pontiac, the Pontiac Police Department, its Chief, employees, and sureties, from any and all manner of actions, causes of actions, suits, debts, claims, demands, damages, liability, or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission by the City of Pontiac, its public officials and employees and their sureties, any members of the Pontiac Police Department and their sureties, my child, or from some other cause while he/she is riding in any vehicle assigned to the Pontiac Police Department or accompanying any member or members of said Police Department during the performance of their official duties.

WE HEREBY REPRESENT THAT WE HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND SIGN THE SAME OF OUR FREE WILL.

CAUTION

READ THE PARENTAL RELEASE AND THE RELEASE OF CLAIMS, INDEMNITY AGREEMENT, AND COVENANT NOT TO SUE IN FULL BEFORE SIGNING.

Date: _____ **Signature:** _____

Address: _____ **Phone #:** _____



Dear Observer;

The police department hopes that your Ride Along experience has been informative, enlightening, and has given you an insight into the conditions facing law enforcement, your police officer, and your community.

Any comments you may have, positive or negative will be most welcomed.
We thank you for participating in our department's Ride Along Program.

OBSERVER'S RIDE ALONG COMMENTS

NAME OF RIDER:

AGE: _____

1. What impressed you the most?

2. In what way did this experience affect your attitude toward law enforcement?

3. Please relay any suggestions for, or criticisms of the program.

Signature of Observer



OFFICER'S RIDE ALONG REPORT

OFFICER: _____

NAME OF RIDER: _____

DATE OF RIDE-ALONG: _____

TIME OF RIDE ALONG: FROM _____ TO _____

Note any unusual comments or activities which may be of later significance, or other problems you felt were significant.

If this person requests permission to participate in the Ride Along Program, should it be granted?

YES NO

If no, explain.

Officer's Signature

Please return to the Patrol Commander's Office through the Shift Commander at the end of your tour of duty.