

Springfield Police Department CITIZEN RIDE-ALONG PROGRAM

Ever been curious what it's like to be a police officer? Here's your chance!

The Springfield Police Department's ride-along program gives eligible citizens a close-up look at policing. It allows one to ride along with a patrol officer as he or she performs their normal patrol duties. For anyone who believes that they would like a career in law enforcement this is a great opportunity to see first-hand what the job entails.

Participants in the Springfield Police Department's Citizen Ride-Along Program must be 18 years of age or older.

In order to participate please complete the Citizen Ride-Along Request form and return them to the department to be forwarded to the office of the Deputy Chief of Field Operations.

If you have any questions on the Ride-Along program please call 217-788-8397.

SPRINGFIELD POLICE DEPARTMENT

CITIZEN RIDE ALONG FORM SET

ROUTING SLIP

ROUTING FORM FOR CITIZEN'S RIDE-ALONG PROGRAM

This Section is to be completed by Field Operations Secretary

DATE

COMPLETED APPLICATION SENT TO FOD SECRETARY

RECORDS CHECKED BY FOD SECRETARY

APPROVAL BY COMMANDER/LT. FOD

FORWARDED TO WATCH I - II/III - IV

NAME OF RIDE-A-LONG _____

DATE OF RIDE-A-LONG _____

TIME OF RIDE-A-LONG _____

OFFICER REQUESTED _____

SEND COMPLETED APPLICATION TO FOD SECRETARY AFTER RIDE-ALONG

SPRINGFIELD POLICE DEPARTMENT

CITIZEN RIDE-ALONG PROGRAM

INSTRUCTIONS FOR PARTICIPATION IN THE RIDE-ALONG PROGRAM

Participants in the Springfield Police Department's Citizen Ride-Along Program must be 18 years of age or older.

Riders must be neat in appearance and must be willing to follow orders/instructions given by the officers.

The last three pages of this form set should be filled out completely and turned in to the Deputy Chief of the Field Operations Division, Monday through Friday, from 8:00 a.m. until 4:30 p.m. at least one week prior to the date that the applicant desires to ride.

RULES TO FOLLOW

Riders will not:

1. Interfere or assist the officers in any way unless requested to do so;
2. Be allowed to be present for juvenile cases since records and arrests are confidential by law;
3. Be allowed to be present during interviews for serious criminal incidents;
4. Be allowed to be present during any interrogations on criminal matters;
5. Enter any person's private residence or property when officers are responding to a disturbance or complaint;
6. Leave the squad car under any circumstances when officers are responding to crimes in progress.

REQUEST TO RIDE FORM (page 3, upper half)

Please fill out completely, preferably in black ink, and be sure to give the date and time that you desire to ride. A copy of your driver's license or government identification card must be attached to the application

REQUEST GRANTED FORM (Page 3, lower half)

This section of the form will be completed by the Deputy Chief or Administrative Lt. of the Field Operations Division.

RELEASE OF LIABILITY FORM (Page 4)

Please read this form carefully! Your signature indicated verification of understanding and agreement. This form also contains a release for the SPD to perform a criminal history check of your background.

EVALUATION FORM (Page 5)

The Springfield Police Department is continually striving to be of better service to our community. Your views of the Ride-Along program are of great interest to us. Please complete the "Evaluation" form after you have ridden and return it to the on-duty Lieutenant, or mail it to the address given on the form.

REQUEST TO RIDE FORM
(Please print legibly and answer all questions in black ink)

NAME: _____ PHONE: (W) _____ (H) _____

ADDRESS: _____

DOB: _____ SEX _____ RACE: _____ OCCUPATION: _____

DL# or ILLINOIS I.D. #: _____ (ATTACH COPY) SOC. SEC # _____

Are you applying to ride as part of a police science training course? Yes No

Are you interested in law enforcement as a career? Yes No

Are you attending school now? Yes No

If yes, give the name of the school and the course study:

Briefly state your reasons for participation in the ride along program:

If your request is approved, four hours will be the maximum time allowed on any one day. Please circle the day of the week, the time period, and write the date you desire to ride along. Unless otherwise notified, report to the front desk area on the date and time requested to ride along.

DAY OF WEEK: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

TIME: 8 a.m. – 12 p.m.; 7 p.m. – 11 p.m.; 11 p.m. – 3 a.m.

APPLICANTS SIGNATURE: _____

This section is to be completed by the Deputy Chief/Commander of Field Operations Division.

The applicant named above has been granted permission in the Springfield Police Department's Citizen Ride-Along Program and has been instructed to report to _____

on _____, _____ at _____, to ride the following hours:
Day of Week Month Day Year Time

TIME: 8 a.m. – 12 p.m.; 7 p.m. – 11 p.m.; 11 p.m. – 3 a.m.

Request to participate in the Citizen Ride-Along Program has been Approved Disapproved

By: _____
Deputy Chief/Watch Lieutenant

This section to be completed by the Watch Lieutenant on whose shift the participant rode, and returned to Field Operations Secretary.

The above named person rode with officer(s) _____

Between the hours of _____ and _____ on _____

Watch Lieutenant's Signature

CITIZEN RIDE ALONG PROGRAM

PERMIT, RELEASE, INDEMNIFICATION AGREEMENT AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATIONS

I, _____, of _____
Last Name, First, MI Street Address, City, State, Zip Code

In consideration of being granted to ride in the City of Springfield police vehicle and of accompanying a City of Springfield police officer for the purpose of observing and becoming familiar with the operations of a City of Springfield police officer in the actual performance of his duties, do hereby release and discharge the City of Springfield, and the Springfield Police Department and all of their officers and employees from all liability to me, my employer, my assigns, my heirs, my executors and personal representatives, now and forever, for all loss or damage, in any claim or demands therefore on account of injury or casualty to myself or my property, whether by negligence or otherwise, during such time that I am participating in the Citizen Ride Along Program, for the above mentioned purposes, while said officer is officially discharging his duties.

I further assume all risk of death, injury, loss or damage to my person or property, whether due to negligence or otherwise, and neither myself nor any of my representatives shall have any right or claim against the City of Springfield Police Department, their officers or employees, in respect or arising out of any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the City of Springfield Police Department and all of their officers and employees on account of any debt, expense, claim, obligation or any sum of money which they may be required to pay on account of any liability or damage by reason of injury to me or damage to my property, whether by negligence or otherwise, while I am participating in the Citizen Ride Along Program.

I further hereby authorize a review of and full disclosure of all records concerning myself to a duly authorized agent of the Springfield Police Department, whether the said records are of a public, private or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of the release or collection of such information. I also understand this authorization to furnish information is executed in consideration of the processing of my application for participation in the Springfield Police Department "Citizen Ride-Along Program."

I have read and fully understand the contents of this "Citizen Ride-Along Program Permit Release, Indemnification Agreement and Authorization for Release of Personal Information."

DL# or IL I.D.# _____ SS# _____ Date of Birth _____
(Attach Copy)

Maiden Name (if applicable) _____

Applicants Signature Date Witness

This section is to be completed by the FOD Secretary.

Records check completed on _____ at _____ AM/PM by _____

NO RECORD **RECORD**

Field Operation Division Secretary

Please complete this form *after* you have participated in the Citizen Ride-Along Program and turn it in to the on-duty lieutenant or mail to the Springfield Police Department, Field Operations Division, 800 E. Monroe Street, Springfield, Illinois 62701. ***Thank you for your participation.***

Date of Ride: _____ Time: _____

Area of the City: _____

Officer (s) with whom you rode: _____

Please Circle One

Was this an educational experience for you? Yes No

Are you considering law enforcement as a career? Yes No

Were you riding in a marked (identifiable) squad car? Yes No

Did you feel that people were watching you and your conduct? Yes No

Do you better understand the officer's job and position? Yes No

Did you witness any traffic violations where a warning or citation was issued? Yes No

Do you think that the Citizen Ride-Along Program should be continued? Yes No

How old do you think a person should be to participate? _____

Activities witnessed and comments:

Suggestions for improvement of the program:

NAME _____ SEX _____ AGE _____

ADDRESS _____

PHONE _____