

**DODGE CITY POLICE DEPARTMENT
CITIZEN RIDE-ALONG PROGRAM**

Why do you wish to participate in the citizen ride-along program?

Choice of date and time to ride:

1 st _____

2 nd _____

I agree to abide by the program guidelines as listed below;

1. Participants agree to wear a seat belt at all times while in the police vehicle.
2. Participants agree to refrain from handling any police equipment (except as directed by an officer) or evidence and will not talk to suspects, prisoners, or otherwise become involved in an investigation.
3. When necessary for operational effectiveness, the shift supervisor may discontinue all riding.
4. The participant agrees to subject himself/herself to the authority of the host officer at all times, and that the shift supervisor will have the authority to discontinue the ride at his discretion, if the participant fails to do so.
5. The applicant understands that he/she may be refused participation at the discretion of the Patrol Bureau Commander after a check of the applicants qualifications.

DODGE CITY POLICE DEPT. CITIZEN RIDE-ALONG WAIVER OF LIABILITY

I, the undersigned, hereby request authorization for myself to participate in the citizen ride-along program. I understand that this involves riding in a regular duty police vehicle and may involve serious or potentially fatal risks. With full knowledge of the hazards involved, and on my own initiative and responsibility, I do here, by myself, my executors and administrators, remise, release, and forever discharge the city of Dodge City, and the Dodge City Police Department, their agents, officers, and employees from any and all liability for injury or damage arising during or as a result of my participation in this activity. I further stipulate that this waiver takes the place of any other agreement, understanding or notation, verbal or oral in regard to the same.

Signature of applicant

_____/_____/_____
Date signed

**AUTHORIZATION FOR RELEASE OF
PERSONAL INFORMATION**

I, the undersigned, hereby authorize a review of and full disclosure of any and all criminal records concerning myself to any duly authorized agent of the City of Dodge City Police Department, whether the said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of any and all criminal history record in which I presently have or have had an interest in. I understand that any information obtained by a criminal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for the Citizen Ride-Along Program at the Dodge City Police Department. The criminal history background check consists of: III, KBIQ, NCIC warrant check, local warrant check, driver's license check, in-house record

check, and fingerprints sent to KBI. A photocopy of this release form will be valid as an original thereof.

First name: _____

Last name: _____

Middle name: _____

Maiden name: _____

DOB: _____ Age: _____

DL #: _____ State: _____

Phone #: (_____) _____ - _____

Address: _____

Social Security #: _____ - _____ - _____

Occupation: _____

Signature of applicant

_____/_____/_____
Date signed

SECURITY AWARENESS STATEMENT

Your association with the Dodge City Police Department requires you to read and sign an awareness statement. Your signature acknowledges that you understand that any information you may come in contact with, particularly personal information on individuals, must be protected from dissemination to anyone outside of this agency.

By virtue of our mission as a criminal justice agency, we collect information on individuals. Any record containing sufficient data to identify the individual and notations regarding any criminal justice transaction must be protected. This includes, but is not limited to criminal history record information, driving records, addresses, dates of birth, social security numbers, and other personal information, whether on an official agency report, computer screen, print out, etc.

Your association with this agency does not constitute a “right to know” for any law enforcement sensitive information, however you may inadvertently be exposed to such information through your current involvement with this agency.

You are not allowed to disseminate any information you view or obtain through this association with any persons or organizations outside of this agency.

Improper dissemination of any such information may result in civil and criminal penalties and a fine not to exceed \$11,000.

My signature below certifies I have read and understand the above information.

Signature of applicant

_____/_____/_____
Date signed

How should I prepare?

Come dressed in appropriate apparel; nothing offensive. Wear a good pair of supportive footwear. Do not bring any weapons including knives with you. Do not bring any recording devices. Personal cell phones are allowed but recording any part of your ride along is not authorized and may subject your device to seizure as evidence.

What will I need to do when I arrive?

When you arrive let the records personnel know you are there for a scheduled ride along, provide your photo ID and then you will be paired up with your partner/Officer.

What should I expect?

Expect to see anything possible that one person can do to another or that could happen through negligence or accident. Be mentally prepared as you may be subjected to traumatic situations and scenes; some of which may be hard to deal with emotionally. If the host officer is responding to a high risk call where they feel the safety of the observer may be compromised, the observer must be left at a safe location; such as: Wal-Mart, Kwik Shop, etc. Though no one can say for sure what you will experience on your ride along, take advantage of the one on one time and access to a DCPD Officer. Ask a lot of questions and be observant.

DCPD



Citizen

Ride-Along

Program