Windsor Heights Police Department Ride-Along Program Policy And Procedures

PURPOSE:

To allow members of the community to accompany a Police Officer in the performance of their duty, to contribute to a better understanding of the police responsibility and operations.

PROCEDURE:

An applicant may submit a written request to the Chief of Police requesting a specific date and time. The Chief or designee will determine what date and time is available and respond to the applicant, arranging a scheduled ride period.

Applicants must be at least 14 years of age to qualify and applicants between 14 and 17 years of age must have notarized written parental consent on this form.

Applicants may not ride with officers after 10:00 PM without specific approval by the Chief or designee in the Chief's absence.

Division Commandors are responsible for managing the Ride-Along Program with regard to special limitations due to safety factors or other circumstances that impact the Patrol Division's obligations on a continuous basis. Whenever it appears that the Patrol Division's operations indicate danger or other factors that require terminating or limiting a Ride-Along, the Chief of Police has the authority to handle the program as deemed necessary.

Applicants must be neatly dressed, wearing shoes, shirt or other attire proper for the season. No weapons of any kind are permitted. Without a direct request from an officer, APPLICANTS WILL NOT EXIT THE POLICE CAR at crime scenes, traffic stops or other official action locations. Applicants will not converse with prisoners, nor give or receive anything from prisoners.

Whenever possible, applicants will be assigned to ride with Police Officers of the same gender.

Applicants will be required to sign a waiver and hold-harmless agreement prior to ride-along assignment. Minors will be required to obtain notarized parental consent.

Officers will use every precaution to prevent applicants from being exposed to extraordinary danger, even if it means requesting applicant to exit the vehicle at a safe location prior to arrival at a scene involving such extraordinary danger.

Name of Applicant: Dat			ate of Birth:	
Address:		City:	State:	
Driver's License #:		State:	Home Phone:	
Date Requested:		Time Request	ed:	
Alternate Date:		Alternate Time:		
and all elected and / or applace as a result of a police service and / or employme the public in the course of Signed this Polk, State of Iowa, affirming	pointed officials and emperation or actions, serving the officials and emperations, serving the office of the offi	rmless the Municipal Government ployees of the City of Windsor Heigice to the public and all other evenue into contact with the applicant jury to myself. I authorize a background or identified to me as the persor	Notary Public in and for the County of	
affirm understanding and a	i voluntary nolu-narmies	ss.		
Applicants Signature Records Check: Date assigned:	by: Time:	Parents Signa	ture	
<u> </u>		Notary Signate	ure	