



Columbia Police Department

RIDE-ALONG OBSERVER PROGRAM AGREEMENT

Instructions



The Ride-Along Observer Program is being offered to you as a privilege by the Columbia Police Department (CPD). As an observer, you must sign the Waiver & Release form. You are expected to adhere to the following rules:

1. Observers under 18 years of age must have the form signed by a parent or guardian **in-person** at the Columbia Police Department at the time of form submission. You must have your IDs with you. No one under the age of 16 may participate in the program, unless an exception has been granted by the Chief of Police or his designee.
2. The Ride-Along Observer Program is for observation opportunities only and is not intended for interviews. *Members of the media wishing to conduct interviews with an officer or conduct a special project involving recording of an officer and/or the interior of police vehicles should make their request through the Public Information Officer by e-mailing PolicePIO@CoMo.gov.*
3. No video or audio recordings will be allowed unless authorized by the Chief of Police or his designee. Observers may have a cell phone with them during the ride, but will be required to have the phone shut **OFF** and out of sight for the duration of the ride.
4. You will be notified within **approximately two weeks** if your request was approved. If approved, you will be notified of your ride time. Please arrive at the department at least 15 minutes prior to your ride time. You must have a state issued photo ID when arriving. This will provide adequate time to complete any necessary forms and/or receive any required briefings. Anyone entering the department is subject to search.
5. You will be returned to the department at the end of the ride-along. In the event that the ride is terminated or you do not wish to complete the ride, you will be returned to the station earlier than scheduled, if practical.
6. Observers are required to be suitably dressed in a collared shirt, blouse or jacket, slacks, and closed toe shoes. *Sandals, t-shirts, tank tops, shorts, and ripped or torn blue jeans are not permitted. Hats and ball caps will not be worn in the police vehicle.*
7. Observers are **prohibited** from possessing weapons of any kind during the ride-along. Qualifying officers/retired officers wishing to carry a firearm during the ride-along must obtain pre-approval to do so and indicate their intentions by checking the appropriate box on the application.
8. It is important that you **do not** interfere in the officer's activities. Please hold any questions you may have until after the officer has completed the call, or is no longer in contact with a suspect, prisoner, or witness. Note: The officer may not be able to answer questions at the time you ask or, due to privacy concerns, may not be able to fully answer your question.
9. You may **not** engage in any police activity unless specifically directed by an officer.
10. You may **not** leave the police car or talk with victims, prisoners, suspects, witnesses, or other persons without obtaining permission from the officer.
11. Observers may become a witness to situations and actions the officer is involved in and may be listed in police reports as such and may be required to testify in court.
12. Observers may ride up to two (2) times in a calendar year.
13. Failure to adhere to the above rules will result in immediate termination of the ride and the observer forfeits all opportunities to participate in any future ride-alongs.



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Application

Yes No Not Sure

2. Have you ever been arrested?

Yes No

a. If "yes," please explain: _____

3. Have you had any police contacts in the last three (3) years, to include: victim, witness, or subject of investigation?

Yes No

a. If "yes," please list all police contacts: _____

4. Are you currently in the process of applying with the Columbia Police Department?

Yes No

a. If "yes," what position? _____

5. Are you an active-duty/retired police officer requesting to carry your firearm during the ride-along?

Yes No

a. If "yes," please attach a copy of your identification, including a photograph, from your employing agency.

6. Do you have any disabilities? Yes No

7. Are you under the care of a physician? Yes No

8. Are you taking any medications? Yes No

9. If you answered "yes" to any of the above questions, please explain: _____

There are two (2) shifts available to ride. Please provide your preferred days and times to ride between the hours of 10:00 am and 12:00 am in four (4) hour blocks. Every effort will be made to schedule you during your preferred hours. You will be notified by phone of the date and time you are scheduled to ride.

Preferred Hours 1:

Preferred Hours 2:

Preferred Hours 3:

Please provide three (3) dates for your ride-along: _____

I prefer to ride with Officer _____.



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Application



Please describe why you would like to participate in a ride-along with the Columbia Police Department:

Note: A ride-along observer may have his/her ride canceled at any time if deemed necessary by the Watch Commander due to unusual circumstances.

Witness in Criminal Court Proceedings: Observers may become witness to situations and actions the officer is involved in and may be listed in police reports as such and may be required to testify in court.

MEDIA REQUEST INFORMATION	
Media Agency: _____	Requested Ride-Along Duration: _____
Specific Purpose for Ride-Along: _____	

Contacted the Public Information Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Contacted: _____	

If you are under the age of 18, you must have a parent or guardian’s authorization. This authorization must be signed **in-person and witnessed by the CPD employee accepting the application** at the Columbia Police Department located at 600 E. Walnut Street.

I, _____, certify that all the above information is true and accurate. I understand that pursuant to qualifying for the Ride-Along Observer Program, a criminal history check, including CPD records, Missouri Uniform Law Enforcement System (MULES), and National Crime Information Center (NCIC) will be conducted on me. Should I be permitted to participate in this program, I agree to abide by all rules provided in the Instructions and by CPD employees. I will behave in a reasonable and appropriate manner given the circumstances I am faced with.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICIAL USE

Witnessed By: _____ Pin: _____ Date: _____



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Waiver & Release



During your voluntary participation in the City of Columbia’s Ride-Along Observer Program, you may be exposed to confidential criminal justice information. Pursuant to state and federal regulations, this information is to be used only for the administration of criminal justice. Participants in the Ride-Along Observer Program are prohibited from sharing any criminal justice information observed or heard within the agency with any other person. Improper disclosure of criminal justice information may result in dismissal from the program and/or criminal prosecution (RSMo 610.115).

I, _____, voluntarily agree to participate in the City of Columbia’s Ride-Along Observer Program (the “Program”) sponsored by the Columbia Police Department (“CPD”).

I am aware of the risks and hazards inherent in my participation in the Program and in accompanying one or more CPD police officers when on duty, and do hereby voluntarily assume all risk of loss, damage, or injury to me or my property, including death, which may be sustained while, or incidental to, accompanying one or more CPD police officers while on duty.

I agree to comply with all of the rules and terms of this Agreement. I further agree to follow the verbal instructions of the police officer(s) who are assigned to me. If I fail to comply, I may be asked to leave the Program that day or permanently.

My participation is voluntary. I understand that any injury I may sustain as a result of my participation in the Program is NOT covered by worker’s compensation.

As a condition of being permitted to accompany one or more CPD police officers in the course of their duties, I release the City of Columbia, its departments, elected officials, agents, and employees from all claims and liability in any causes of action, including, but not limited to negligence, claims for personal injury or death, or claims for property loss or damage, which I may occur because of my participation in the Program or related to an event while I am accompanying any CPD police officer(s) on duty. In addition, and for the same grant of permission, I promise to release and promise not to sue the City, its departments, elected officials, agents, and employees, and agree to forever hold the City and each of the individuals harmless from any liability, claims, demands, actions, or causes of action.

The terms of this Waiver and Release shall be in full force and effect from the date stated below and shall remain in effect for any other occasion when I may participate in the Ride-Along Program.

I agree this Waiver and Release is binding upon me and my heirs, executors, administrators, personal representatives, and assigns, and shall inure to the benefit of the said City, officers and agents, public officials, and persons designated in this Waiver and Release, and their heirs, executors, administrators, personal representatives, assigns, and successors in office.

DATED this _____ day of _____, 20_____.

Print Name: _____ Signature: _____

Date of Birth: _____ Address: _____ Phone Number: _____

FOR MINOR PARTICIPANTS: I, the undersigned, represent that I am the legally appointed or natural guardian of the above-named person who is under the age of 18; that he/she has signed this document with my full knowledge and consent; and that I join in signing this document and agree to the terms and provisions for myself and my heirs, executors, personal representatives, and assigns.

Print Name: _____ Signature: _____



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*****FOR OFFICIAL USE ONLY*****

Name of Applicant: _____

Date Received: _____ Received By: _____

CPD Records Check Date: _____ Checked By: _____

Results: _____

MULES Check Date: _____ Checked By: _____

Results: _____

NCIC Check Date: _____ Checked By: _____

Results: _____

(Include print out of criminal history check to the Watch Commander.)

Reviewed By (Watch Commander):

Ride-Along application is: Approved Denied

Reason for denial, if applicable: _____

Date of Ride-Along: _____ Time of Ride-Along: _____

Supervisor Assigned: _____ Officer Assigned: _____

Request to carry a firearm during ride-along? Yes No

Employer ID Check Date: _____ Checked By: _____

Approved to carry a firearm during ride-along? Yes No

Applicant notified of Ride-Along: Yes

Date Notified: _____ Notified By: _____

(Completed application and waiver should be returned to the appropriate Watch Commander.)