

**KISSIMMEE POLICE DEPARTMENT
RIDE-ALONG APPLICATION**

The Kissimmee Police Department recognizes the importance of building and maintaining a liaison with the community. The Ride-Along Program allows citizens to observe the field operations of our officers. Anyone interested in participating in this program, including City employees, must complete this application and agreed to abide by the listed requirements.

In order to process your application we will need the following information:	
Rider's Name: _____	
Driver's License Number: _____	State: _____
Sex: _____ Race: _____	Date of Birth: _____ SSN: _____
Address: _____	
City/State: _____	Are you in the Police Academy or Explorer Program? _____
Telephone Number: _____	Alternative Number: _____
Emergency Contact: _____	Telephone Number: _____
Date and time you wish to ride: _____	Best time to Contact: _____
Officer you wish to ride with if known: _____	Email Address: _____

Notice to persons regarding collection of social security numbers: The Kissimmee Police Department collects social security numbers of persons who apply for employment or to volunteer with the agency, are arrested or investigated by this agency, and those who are fingerprinted by this agency. As prescribed by law, the Kissimmee Police Department collects social security numbers for the following reasons: To verify identity, conduct employment background investigations, for wanted persons, driver's license, criminal history queries, payroll and retirement purposes, reporting purposes of Federal Withholding of Taxes of employees.

Ride-Along Requirements:

Applicants are required to complete an application at least five business days prior to the desired ride date. Riders must be at least 18 years of age or a member of the Kissimmee Police Department Explorer Program.

Applicants with unacceptable criminal behavior or associations will not be permitted to participate in the ride-along program.

Applicants can not have any physical or medical limitation that may adversely affect their participation in the program.

No person will be permitted to participate in the Ride-Along Program without first reading the rules and executing the Hold Harmless Agreement.

Participation in the Program is limited to one, for hour ride along per calendar year. Ride-Along Program participants are only allowed to ride between the hours of 7:00 a.m. and 10:00 p.m. EST.

Riders will be dressed appropriately in casual business attire. Jeans, shorts, t-shirts, tank tops, or sandals are not permitted.

Riders will not be permitted to carry any type of weapon to include firearms, batons, OC spray, electronic control devices, etc. Riders may not use cameras and/or recording device or recording equipment.

Riders will at all times remain under the supervision of the assigned officer. As a rider you are an observer only. You will not be permitted to leave the patrol vehicle unless given permission to do so by the officer. Riders will be allowed to observe as much of any situation consistent with safety practices and the protection of the rights of others.

Riders will not be permitted to observe police activities relating to tactical operations or ride with plain-clothes officers without specific approval of the Chief of Police or his designee. Riders are also prohibited from riding with Canine officers or probationary officers.

Participants in the Ride-Along Program are not allowed to attend pre-shift or post-shift briefings.

The Patrol Sergeant will have the discretion to refuse to allow any person to participate in the ride-along program or terminate a ride-along in progress if it is in the best interest of the Department. If the rider requests that the ride be terminated at any time, the officer will return the rider to the Police Facility as soon as practical.

Media Riders: Members of the media are encouraged to participate in the Ride-Along Program and must coordinate participation through the Media Relations Officer. Members of the media will not film any event on the ride without the prior permission of the Chief of Police or his designee.

When a search or arrest warrant is being served, the media member must remain in the patrol vehicle and is prohibited from entering the residence.

<p>I have read the requirements of the Ride-Along Program and agreed to abide by the requirements of the program.</p> <p>Signature of Rider: _____ Date: _____</p> <p>Once the application has been submitted you will be notified if you have been approved or denied to participate in the program.</p>

OFFICE USE ONLY

CCH: _____ Run by ID #: _____

**RIDE-ALONG HOLD HARMLESS AGREEMENT
RELEASE, WAIVER AND INDEMNITY AGREEMENT**

In consideration of my desire to be a volunteer rider with the Kissimmee Police Department and my acceptance as a participant in the Ride-Along Program, I hereby assume all responsibility for any, and all, risk of damage or bodily injury or death that may occur to me while participating as a volunteer rider with the Kissimmee Police and while participating in any nature and using equipment or facilities at any location whatsoever.

Further, I, for myself and my heirs, executors, administrators and assigns, hereby release, waive and discharge the Kissimmee Police Department and the City of Kissimmee, Florida and its officers, directors, employees, agents and servants from any, and all, claims which I or my heirs, executors, administrators or assigns ever may have against any of them for, on account of, by reason of, or arising in connection with such volunteer activities or my participation therein, and hereby waive any and all such claims, demands and causes of action.

Further, I expressly agree that this release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known physical or mental condition that would impair my capability for full participation as intended or expected of me.

It is understood and agreed by me that the privilege granted to me to ride in a police vehicle shall only be exercised by me after I have made specific arrangements with the Chief of Police of Kissimmee, FL or his authorized representative on the day(s) I plan to ride as an observer. It is further understood and agreed by me that his privilege may be revoked and any time by the Chief of Police or his representative.

It is further understood that to qualify for this privilege, I must be 18 years of age or with parental permission; attired in suitable clothing (no jeans or t-shirts). The Kissimmee Police Department policy on civilian observer riders, limits the rider to one per year, for four hours. Shift supervisors may further restrict civilian observer riders to Sunday through Thursday, due to the typically high volume of law enforcement activity throughout the weekends.

 Adult Juvenile Parental approval completed

Riders Name: _____

Rider’s Signature: _____ Date: _____

Witness: _____ Date: _____

Date & Time of Ride: _____

Officer Assigned: _____

RIDE-ALONG HOLD HARMLESS AGREEMENT

PARENTAL APPROVAL

RELEASE, WAIVER AND INDEMNITY AGREEMENT

I, _____, am the parent of _____ who is a minor. In witness whereof, I swear or affirm that I have read this document in its entirety, that I understand and agree to all terms and conditions contained therein, and have executed this document by placing my signature and date as indicated below.

Name of Parent: _____ Date: _____

Signature of Parent: _____

Notary

State of: _____

County of: _____

The foregoing instrument was acknowledged before me on this ____ day of _____, 20____, by _____. He/She is personally known to me, or has produced his/her driver's license, or his/her _____ as identification, and did/ did not take an oath.

City of Kissimmee Police Department
Security Awareness Acknowledgment for Non-Criminal Justice Personnel

I, _____, have read the following, or have had it read and explained to me, and understand and agree that:

My duties require me to work or be present in areas where Criminal Justice Information (CJI) may be seen. I realize that this information is sensitive in nature and will not discuss or reveal any CJI to anyone.

CJI refers to state and federal criminal justice data, which may include case/incident information, identity information (including fingerprints and other forms of biometric data), and property (such as vehicle or firearm) data.

Access to or use of CJI (such as viewing, reading, copying, sharing) is strictly limited to official purposes, specifically the *administration of criminal justice*.

The term “administration of criminal justice” is defined in state law, at Section 943.045(2), Florida Statutes, as follows:

“Administration of criminal justice” means performing functions of detection, apprehension, detention, pretrial release, post-trial release, prosecution, adjudication, correctional supervision, or rehabilitation of accused persons or criminal offenders by governmental agencies. The administration of criminal justice includes criminal identification activities and the collection, processing, storage, and dissemination of criminal justice information by governmental agencies.

My work-related duties, as defined by my employer and understood by me, do not in any way involve the administration of criminal justice, as defined above.

In the course of my work-related duties, I may see or learn of (as by hearing mention of) CJI.

Because I have no responsibility or authority for handling CJI, I will not access, use, view, copy, disseminate, or disclose (in writing or in conversation) CJI, nor will I take part in the physical destruction of CJI. I am aware that doing so would be considered misuse of CJI.

I further understand that misuse of CJI is not limited to situations in which the CJI is used by me or others for purposes or in a manner that could be punished under the criminal laws of Florida or of the United States.

I acknowledge that misuse of CJI may subject me to administrative action (such as termination of employment or contract), civil penalties and/or criminal penalties.

I agree and commit that if I hear, see, or otherwise become aware of actual or potential misuse of CJI, or of a situation that may cause or contribute to the misuse of CJI, I will promptly report same to Communications Manager Austin Blake.

I agree and commit that I will not allow, by action or inaction, the unescorted entry into any secure (protected) area by anyone who is not known to me to be authorized to enter such area.

I have read and understand the information above regarding the importance of protecting CJJ, and have asked and received a satisfactory answer to any questions I had concerning the duties and restrictions imposed on me with respect to CJJ.

Printed Name of Individual

Signature of Individual

Date

I hereby confirm that the above signed individual has read the above document (or had it read to him or her), and been given the opportunity to ask questions. I have answered any questions and/or clarified any issues he or she posed regarding information security requirements.

Signature of Criminal Justice Agency Representative

Date

City of Kissimmee Police Department
Criminal Justice Agency

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