



# ST. CHARLES POLICE DEPARTMENT

## REQUEST TO RIDE APPLICATION

This program is available to residents of St. Charles.

DATE:	DATE OF BIRTH:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME: _____ (LAST) (FIRST) (M)		
ADDRESS: _____ (STREET) (CITY) (STATE) (ZIP)		
DRIVER'S LICENSE #:		CELL PHONE:
HOME PHONE: ( )		BUSINESS PHONE: ( )
BRIEFLY STATE YOUR REASONS FOR WANTING TO RIDE IN A POLICE SQUAD CAR:		
CHECK THE DAY OF THE WEEK AND THE THREE-HOUR TIME SPAN YOU WOULD PREFER TO RIDE: <input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> 8 A.M. - 11 A.M. <input type="checkbox"/> 9 A.M. - 12 P.M. <input type="checkbox"/> 10 A.M. - 1 P.M. <input type="checkbox"/> 11 A.M. - 2 P.M. <input type="checkbox"/> 3 P.M. - 6 P.M. <input type="checkbox"/> 4 P.M. - 7 P.M. <input type="checkbox"/> 5 P.M. - 8 P.M. <input type="checkbox"/> 6 P.M. - 9 P.M. <input type="checkbox"/> 7 P.M. - 10 P.M. <input type="checkbox"/> 11 P.M. - 2 A.M. <input type="checkbox"/> MID - 3 A.M.		
I HAVE INCLUDED A NOTARIZED COPY OF THE RELEASE AND WAIVER OF LIABILITY WITH THIS REQUEST AND WILL ADHERE TO THE RIDE-ALONG INSTRUCTIONS AND RESTRICTIONS. I HAVE ALSO SIGNED OFF ON THE NON-DISCLOSURE AGREEMENT (FORM 89). _____ (INITIAL)		ALL INDIVIDUALS WHO ARE APPROVED TO DO A RIDE-ALONG MUST WEAR APPROPRIATE BUSINESS CASUAL ATTIRE AND BE OF SUITABLE HYGIENE FOR THEIR APPOINTMENT. PLEASE INITIAL THAT YOU HAVE READ THIS CLAUSE AND WILL ADHERE TO IT. FAILURE TO FOLLOW THESE REQUIREMENTS IS GROUNDS TO CANCEL YOUR RIDE-ALONG. _____ (INITIAL)
_____ (SIGNATURE)		
ALL PROSPECTIVE APPLICANTS SHOULD EXPECT A CRIMINAL HISTORY CHECK PRIOR TO BEING PERMITTED TO PARTICIPATE. ANY NEGATIVE CONTACTS WITH POLICE COULD RESULT IN THE APPLICANT BEING DENIED PERMISSION TO RIDE.		
FOR OFFICIAL USE ONLY		
REQUEST APPROVED / DISAPPROVED: _____ CHIEF OF POLICE		
REMARKS:		
HE / SHE WILL REPORT TO: _____ ON _____ AT _____ (SHIFT SUPERVISOR) (DATE) (TIME)		
THIS PERSON WAS ASSIGNED TO RIDE WITH: _____ BETWEEN (NAME / RANK)		
THE HOURS OF _____ AND _____ ON _____ (TIME) (TIME) (DATE)		
RIDE CANCELLED <input type="checkbox"/> REASON FOR CANCELLATION: _____ _____ _____ SIGNATURE OF SHIFT SUPERVISOR		



# ST. CHARLES POLICE DEPARTMENT

## REQUEST TO RIDE WAIVER AGREEMENT - ADULT

This program is available to residents of St. Charles.

### **Ride-Along Instructions and Restrictions**

During the ride-along, you may bring a non-alcoholic beverage, pad of paper and pen, and purse. A cell phone is permitted but any photography or recording is strictly prohibited. Handwritten notes of a general nature are permitted.

Participants shall not possess or carry any firearm, baton, knife, or other dangerous weapon while participating in the program, except participants who are authorized to carry a weapon as a certified law enforcement officer.

Participants who possess a Concealed Carry License (CCL) in accordance with the Illinois Firearm Concealed Carry Act (430 ILCS 66/1 et seq.) or who possess an Illinois Retired Officers Concealed Carry (IROCC) card in accordance with the Illinois Police Training Act (50 ILCS 705/ and 710/ et seq.) are not permitted to carry a firearm during a ride-along.

### **What to Wear**

Participants shall wear appropriate clothing and exercise proper personal hygiene. No clothing shall be allowed that is considered distasteful or contains any discriminatory or distasteful logos or printing. Business casual is appropriate. The Shift Supervisor has the discretion to refuse or postpone participation in the program if the participant is not properly dressed or exercising proper personal hygiene.

### **Restrictions**

Participation in the ride-along program may be terminated by the Shift Supervisor at any time. The reasons for the termination may include but are not limited to:

- Shift activity
- Sensitivity of a call
- Emergency situations
- Any program violations by the participant.
- Participants are not sworn officers with police powers. Participants are strictly riding along as passive observers and shall not take an active part in any police operation nor exit the vehicle while on the ride-along unless directed by the officer.
- The participant shall not enter the home of a victim, shall not be allowed access to a crime scene or accident scene, and shall not accompany police on hazardous police activities such as raids or hostage situations.
- Hazardous situations may present themselves at any time. Participants must respond to the assigned officer's every command immediately. This is necessary for the safety of everyone.
- If an officer is dispatched to a call where conditions create the potential of posing a clear and present danger to the participant, the officer will drop the participant off at a safe location before proceeding to the call. The officer shall make arrangements for another person to pick up the participant immediately.
- The participant shall not enter the Booking Room when any detainees are present.
- A participant shall not use still or video cameras or other recording devices, including audio, during a ride-along and will not discuss, disclose, or post on social media any information they observe or may otherwise be privy to during this ride-along.
- During a ride-along the participant shall not engage in any activity intended to further enhance the participant's political candidacy such as photo opportunities, field interviews, distribution of political brochures, etc. or personal financial gain such as soliciting business or distributing advertisements, fliers or business cards.
- Participants shall wear the seat belt at all times while in the police vehicle.
- Participants may be called to testify to incidents they witness. Where appropriate, officers will include participants in reports of incidents as witnesses.

### **NON-DISCLOSURE AGREEMENT**

I will not discuss or disclose any information I observe or may otherwise become privy to, including but not limited to the following:

- Law Enforcement Agencies System (LEADS) including NCIC.
- Criminal history information for any person.
- Any juvenile-related information.
- Any information of a sensitive nature related to on-going investigations.
- Any criminal intelligence or confidential informant information.
- Private personal information about other citizens including personnel of the Police Department.

**I have read and understand the instructions and restrictions listed above and agree to abide by them during the ride-along.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_



# ST. CHARLES POLICE DEPARTMENT

## REQUEST TO RIDE WAIVER AGREEMENT - ADULT

For and in consideration of the City of St. Charles Police Department extending me \_\_\_\_\_,  
*(Print Ride Along Participant's Name)*  
 at my request, the opportunity to participate in a St. Charles Police Department ride-long, I hereby assume all risk of personal injury, death, property damage, and any other loss I may sustain in and about any patrol car and in any other way arising out of the program, and I hereby release the City of St. Charles, its officials, Police Department, police officers, and all other personnel from any and all other liability whatsoever for personal injury, death, property damage, and any other loss I may sustain in and about any patrol car, activity, building and/or in any other way arising out of the program.

I further agree to indemnify and hold harmless the City of St. Charles, its officials, Police Department, police officers and all other personnel from any and all claims, demands or other actions arising out of personal injury, death, property damage, or other loss to me in and about any patrol car and in any other way arising out of the program.

I further understand that participants may be videotaped or photographed during the Activity and such videos or photographs may be used in publications or by other parties and I hereby waive any and all rights to the use of said videos or photographs taken by persons other than myself, and I hereby consent to the waiver and release of any and all rights I may have to control or choose whether and how such video and/or photographs of myself/ourselves and/or my/our minor child[ren] or ward(s) may be used.

I will not take photographs or video or sound recordings of any kind during this Activity and will not discuss, disclose, or post on social media any information I observe or may otherwise be privy to during this Activity.

It is my intent that the assumption of risk, release, and hold-harmless herein described are binding upon my heirs, executors, and administrators.

I have read and will adhere to the ride-along instructions and restrictions and have signed off on the non-disclosure agreement.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at St. Charles, Illinois, this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*(Signature)*

STATE OF ILLINOIS     )  
                                       :    ss  
 COUNTY OF KANE     )

Before me, the undersigned, a Notary Public in and for said County and State, appeared \_\_\_\_\_  
 \_\_\_\_\_ to me known to be the person named, and acknowledged that  
 (he) (she) executed the foregoing Release and Waiver and Non-Disclosure Agreement as (his) (her) free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and Notarial Seal this \_\_\_\_\_ day  
 of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*(Notary Public)*