

**Civilian Rider Program
Information/Rules**

Thank you for selecting the Town of DeWitt Police Department to ride with a police officer. The Civilian Rider Program is for public/community education to allow civilians to gain insight into the operations of the DeWitt Police Department. We hope you enjoy your experience. We welcome your comments, suggestions and recommendations (which should be directed to the Chief of Police).

There are inherent dangers in the law enforcement profession and we take every precaution to insure the safety of our officers. The men and women of the DeWitt Police Department are trained professionals and take great pride in the work we do for our citizens. You are requested to follow the instructions given to you by the police officers for your safety and the safety of the officers. Your cooperation is greatly appreciated. Therefore, these guidelines must be followed whenever a rider, other than a police department employee, requests permission to accompany a police officer while on duty.

Only one civilian rider is permitted per shift for no more than one, eight-hour tour of duty in any 24 hour period. Unless special circumstances and permission from the Chief of Police or his designee is provided, a rider may ride only once within a six month period.

No person under the age of sixteen will be allowed to ride.

Persons between the ages of sixteen and eighteen must have parental permission. The Waiver and Release of Liability form must be completed with a notarized signature of at least one parent or the parent's signature witnessed by a Sergeant or higher-ranking officer of this department who is not related to the rider. When the form is witnessed by other than a Notary Public, cross out Notary Public and print your title.

A Personal Information form, a Waiver and Release of Liability form and a Criminal History Authorization form must be completed before anyone is allowed to participate in the Civilian Rider Program. The completed forms will be submitted for review and approval at least five days prior to a scheduled ride.

Permission to participate in the program will be authorized by the Chief of Police or his designee. The Shift Sergeant will finalize the arrangements and make the assignment.

A civilian ride-a-long may be cancelled or the ride-along discontinued at any time when circumstances are such that it is in the best interest of the department, or there are special circumstances, or for the safety of the rider, the public, and/or officers.

A civilian rider will not be permitted unless there is a Shift Sergeant working during the time of the scheduled ride. If circumstances occur that a Sergeant is unavailable or must leave during the ride along, the rider program will be discontinued, cancelled or rescheduled.

Waiver and Personal Information forms must be completed each time a civilian rider requests to ride, unless the ride-along is for a continuous period of time. e.g. Student Internship Programs.

Civilian riders are required to wear suitable attire. Shorts, jeans, jogging or sweat suits are not permitted. A dress shirt with a collar and dress pants are recommended for males, pants and blouse are suggested for females.

Civilian riders will be required to wear an “Observer” identification badge at all times.

At no time is a civilian permitted to carry any weapons during the rider program. Regardless of a valid pistol permit, handguns and/or rifles are strictly prohibited. Anyone refusing to comply with this directive will not be permitted to participate in the program.

Civilian riders will remain in the vehicle at all times unless authorized to exit by the police officer.

Civilian riders are required to follow the instructions of a police officer at all times.

Civilians are not permitted to use the police radio, or any police equipment, except in an extreme emergency and as directed to do so.

Civilian riders are to adhere to safety standards set by this department and the Vehicle and Traffic Law. They will wear a seatbelt when riding in a Town owned vehicle.

Non-departmental owned electronic or other devices are not allowed in/on any police vehicles while riding in this program unless authorized by the Chief of Police or his designee. Prohibited devices include recording devices, tape players, televisions, radios, and cameras (still or video).

**John J. Anton
Chief of Police**

**Civilian Rider Program
Waiver and Release of Liability**

For and in consideration of _____ (“Participant”) being given the opportunity of observing operations and functions of the Town of DeWitt Police Department by riding in a patrol car operated by one or more members of the Department, and by any and all means of observation whatsoever, the undersigned, in order to avail the Participant of said opportunity, and recognizing, understanding and acknowledging the risks and dangers involved, ASSUMES ANY AND ALL RISKS PERTAINING THERETO, AND HEREBY RELEASES THE TOWN OF DeWITT, FROM ANY AND ALL LIABILITY WHATSOEVER FOR ANY AND ALL INJURIES, DAMAGES AND CLAIMS OF ANY NATURE WHATSOEVER THE PARTICIPANT AND/OR THE UNDERSIGNED PARENT OR GUARDIAN, HIS/HER OR THEIR HEIRS, DEPENDANTS AND ASSIGNS MAY SUSTAIN AS A RESULT OF ANY ACT, OCCURRENCE OR OMISSION IN AND ABOUT ANY PATROL CAR OR IN ANY OTHER WAY DURING THE COURSE OF OR AS A RESULT OF THE OBSERVATION AND STUDY BY THE PARTICIPANT OF THE OPERATIONS AND FUNCTIONS OF THE TOWN OF DeWITT POLICE DEPARTMENT.

This form must be Notarized or witnessed by a Sergeant or higher-ranking official of the Town of DeWitt Police Department.

(Please Print)

Participant’s Name

Parent or Guardian’s Name

Participant’s Address

Parent or Guardian’s Address

City, State and Zip Code

City, State and Zip Code

Participant’s Phone Number

Parent or Guardian’s Phone Number

In witness thereof, the undersigned has/have affixed their signature(s) at _____
This _____ day of _____.

Participant’s Signature

Parent or Guardian’s Signature

STATE OF New York)
COUNTY OF _____)

On the _____ day of _____ before me personally came _____

_____ being by me duly sworn and to me known, and released of liability, and he/she acknowledged to me that he/she executed the same.

Notary Public

DeWitt Police Sergeant or Higher Rank Witnessed

**Civilian Rider Program
Personal Information Form**

Date: _____

Name: _____ **Date of Birth:** _____

Address: _____ **County:** _____ **State:** _____ **Zip:** _____

Drivers License # _____ **Home Phone:** _____ **Work Phone:** _____
(Attach a copy)

Reason for Riding: _____

Date and Time Requesting to Ride: _____

Emergency Contact:

Name: _____ **Relationship:** _____

Address: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Reviewed by: _____ **Approved** **Disapproved**
Road Patrol Commander

Reviewed by: _____ **Approved** **Disapproved**
Shift Sergeant

Rider Assigned to: _____ **Shift:** _____ **Date:** _____ **Time:** _____
Officer/Badge #

(Return completed form to the Road Patrol Commander)

Town of DeWitt Police Department
5400 Butternut Drive
East Syracuse, NY 13057
(315) 449-3640

CRIMINAL HISTORY RECORDS CHECK

Print or type information, please.

Submit with Authorizing Party's original signature.

I, the undersigned, do hereby authorize the Town of DeWitt Police Department to conduct a criminal history record check from any or all available sources, and a Department of Motor Vehicle check from any state or province on file under the following names(s).

LEGAL NAME _____ **DATE OF BIRTH** _____
(last) (first) (middle)

also known as _____ **SSN** _____
(last) (first) (middle)

CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

PURPOSE OF RECORDS CHECK _____

It is understood that this search of criminal history records and DMV records by the Town of Dewitt Police Department is for internal use of the Town of Dewitt. All records received through these checks will be subject to the rules and regulations of the Town of Dewitt Police Department and of the controlling agencies from whom the records were obtained. Any search of associated police records may/may not include information from other police agencies. The authorizing party hereby agrees to indemnify and same harmless the Town of DeWitt Police Department, its officers and employees from and against any and all claims, demands, actions, suits and proceedings by others against all liability to others, including but not limited to any liability for damages by reason of or arising out of any cause or action whatsoever, and against any loss, cost, expense or damages resulting therefrom, arising from or involving any negligence on the part of the authorizing party in the execution of this criminal history record check.

AUTHORIZING PARTY'S SIGNATURE _____ **DATE** _____

NOTICE: This form must be notarized if not presented in person.

Notary Public