



City of Rockford

ROCKFORD POLICE DEPARTMENT

Daniel G. O'Shea, Chief of Police

CITIZENS RIDE-ALONG PROGRAM APPLICATION

TODAY'S DATE: _____

TIME REQUESTED: 6:30AM-11:30AM, 11:30AM-4:30PM, 4:00PM-9:00PM, 9:00PM-2:00AM
(PLEASE CIRCLE TIMES REQUESTED)

DISTRICT PREFERENCE FOR RIDE-ALONG
(SEE ATTACHED MAP WITH THIS APPLICATION)

DISTRICT 1
DISTRICT 2
DISTRICT 3
(PLEASE CIRCLE PREFERENCE)

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____
(STREET)

CITY: _____ STATE: _____ ZIP: _____

Date of Birth: ___/___/___ Race: _____ Sex: _____ Social Sec. # ___/___/___
(MM/DD/YYYY)

Driver's License Number: _____ State: _____
(State of Issuance)

Home Phone: () - _____

Cell Phone: () - _____

Work Phone: () - _____

Email Address: _____

EMPLOYER OR SCHOOL ATTENDING: _____

ARE YOU PRESENTLY A LAW ENFORCEMENT OFFICER? ___YES___ NO
ARE YOU CURRENTLY AN APPLICANT FOR ANY LAW ENFORCEMENT AGENCY? ___YES___ NO
ARE YOU A CURRENT EMPLOYEE, FORMER EMPLOYEE, OR AFFILIATED WITH ANY NEWS
MEDIA AGENCY? ___YES___ NO

(If you answered **YES** to any of the above questions, please identify the name of the organization or agency: _____)

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? ___YES___ NO

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? ___YES___ NO

DO YOU AGREE TO FOLLOW AND OBEY THE RULES AND GUIDELINES ON THE RIDE-ALONG PROGRAM PARTICIPANTS FORM? ___YES___ NO

I authorize a criminal record check be completed in compliance with the guidelines of this program. I understand that the race, sex, date of birth, and social security number information recorded on this form is required to check my criminal record.

SIGNATURE OF APPLICANT

_____/_____/_____
DATE

SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18

Please return this completed application to: Rockford Police Department
Attention Assistant Deputy Chief of Administration
557 South New Towne Drive Rockford, IL 61108

Office Use Only	
CQH _____	Approved _____
NetRMS _____	Denied _____
Waiver Signed _____	Date Processed ___/___/___



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RULES AND GUIDELINES FOR CITIZEN RIDE-ALONG PARTICIPANTS

1. All participants in the citizen Ride-Along Program must complete an application and waiver of liability form.
2. Approval and scheduling will be made by the Assistant Deputy Chief of Administration or his designee. The applicant will be notified by telephone or mail that the application has been approved or denied and, if approved, confirming the date and time to ride-along.
3. Participants must present a valid picture ID to the Officer in Charge or Acting Officer in Charge at the respective District Station, Patrol Office, when reporting to participate in the program.
4. Because of the potential for police activity to escalate to a dangerous level, all participants will obey the directions and instructions of the officer they are assigned to. Participants will not be taken to a scene where there is potential for a clear and present danger to them. Under these circumstances, participants understand that the officer may drop them off at a safe, public location, to be picked up later by the assigned officer, or arrangements made for them to be picked up.
5. No video, photographic, audio, or recording devices of any kind are permitted unless directly approved by the Assistant Deputy Chief of Administration.
6. Cell phone usage, to include texting and social media use, is prohibited during the ride-along.
7. Posting information about the ride-along on any social media outlet is prohibited.
8. Participants are prohibited from carrying any weapons during the ride-along duration. You are instructed to remove and secure any knives or other types of weapons from your person before reporting for your scheduled ride-along.

9. In order to participate in the Ride-Along Program, you must:
 - a. Be at least 16 sixteen years of age and have parental permission.
 - b. Authorize a criminal history/background check be conducted and successfully pass the criminal/background check.

10. **DO NOT** interfere in any way with the officer's handling of a situation. You may assist an officer if and only if, the officer asks for your help. Questions may be asked of a situation but only after it has been completed and the officer has left the scene.

11. Participants are not permitted to enter a private residence without the consent of the owner or occupant.

12. Citizens will be permitted to apply for and participate in the Ride-Along Program a maximum of two (2) times in a calendar year.

13. Participants are expected to be neat and clean in appearance. Business casual attire should be worn. Males should wear a collared shirt and casual/dress slacks. Females should wear appropriate business casual shirts and casual/dress slacks. Please no blue jeans, tee shirts, shorts, miniskirts, sweat pants, jogging attire, shirts with offensive design or language, or attire with any sports insignia or logos will be worn and are grounds for being denied participation. The above list is meant as a guideline only. Proper attire is at the discretion of the Officer in Charge or Acting Officer in Charge.

14. The Officer in Charge or Acting Officer in Charge may cancel your participation in the Ride-Along Program if your conduct, mental wellbeing, or attire is determined not to be in your best interests or the best interest of the Department.

15. Ride-Along participants shall acknowledge that the information they may learn during their ride-along experience is privileged information. That information is confidential and should not be published in any way.

16. Participants will take a blank Participants Evaluation Form with them when they begin the Ride-Along Program. At the end of their ride-along, they will fill out the form and give it to the officer they rode with.

Upon approval of your application, you will receive a telephone call, email, or notice in the mail. If you receive a notice in the mail bring the notice with you when you report for your ride-along.

Applicant Signature: _____ **Date:** ____ / ____ / ____



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VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT

I, _____, hereby acknowledge that I have voluntarily applied to participate in the Rockford Police Department Ride-Along Program. I have read, understood, and agree to abide by the Ride-Along Rules and Guidelines, attached hereto, regarding my required conduct and responsibilities with respect to the Ride-Along Program. INITIAL _____

I AM AWARE THAT POLICE WORK IS INHERENTLY DANGEROUS due to many factors and such factors, may at times, present a danger to me. INITIAL _____

I am voluntarily participating in this activity with knowledge of the danger involved and hereby assume full responsibility for the risk of bodily injury, death or property damage resulting from any aspect of my voluntary participation in the Rockford Police Department Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. INITIAL _____

I HEREBY WAIVE, RELEASE AND DISCHARGE FROM ALL LIABILITY THE CITY OF ROCKFORD, ILLINOIS, its elected officials, officers, agents and employees from any and all claims, damages, cause of action, demands in law or in equity, resulting from the action or inaction of the City of Rockford, Illinois, its elected and appointed officials, officers, agents and employees, or otherwise resulting from any aspect of my voluntary participation in the City of Rockford, Illinois Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. INITIAL _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND TO RELEASE THE CITY OF ROCKFORD, ILLINOIS FROM ALL LIABILITY RESULTING FROM MY PARTICIPATION IN THE RIDE-ALONG PROGRAM AND SIGN IT OF MY OWN FREE WILL.

Applicant Signature: _____ Date: ____/____/____

Parent or Guardian: _____ Date: ____/____/____

(If applicant is under 18)

Witness Signature: _____ Date: ____/____/____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____

