



RIDE-ALONG PROGRAM POLICY

I. OBJECTIVE

The City's ride-along program is established to provide a standardized process for determining participation for individuals to observe the day-to-day operations of the City's public safety departments and its officers.

II. POLICY

The City has a goal to maintain community ride-along programs. Those persons that meet the eligibility requirements and who have received written permission from the Fire & EMS Director or the Police Chief (or designee) may be allowed to accompany the City personnel of their official duties.

III. ELIGIBILITY

- A. To participate, the applicant shall meet the following criteria or fall within the exceptions provided by Section VII: Age Limit Exceptions or Section VIII: City Employees.
 - i. Each participant must be at least eighteen (18) years of age or older
 - ii. Priority for program participation will be granted to individuals who reside, work or attend school within the department's jurisdiction.
 - iii. Each participant should be in good health and not have any conditions that may restrict department personnel from performing their official duties. The Fire Department and the Police Department will, to the extent possible, make every effort to provide reasonable accommodations to any person interested in participating in the program.
- B. Prospective individuals must read and complete any and all written applications, waivers, and releases prior to being permitted to participate.
- C. Participants will be subject to and comply with a background check and shall not have been convicted of a felony; a serious criminal or traffic offense or order for protection/restraining order within the past three years; or under active court supervision or involved in a pending criminal case.
- D. Each participant shall agree to follow all the rules of the ride-along program and the directions of the department to which they are assigned.
- E. The Fire & EMS Director or the Police Chief will determine the frequency, timing, and schedule of ride-alongs.

IV. APPLICATION

- A. An individual who wishes to participate in the City's Ride-Along Program will:
 - i. Complete a City Ride-Along Program Application at least ten days prior to the desired date requested for the ride-along.

- ii. Complete a Confidentiality Agreement and a City Ride-Along Program Waivers of Claims and Release of Liability prior to the desired date requested for the ride-along.
- iii. Complete all documents fully. Interested individuals who do not completely fill out the paperwork cannot participate in the ride-along.
- iv. A completed application will be forwarded to the Fire & EMS Director or the Police Chief (or designee) for processing and review to determine eligibility. All documents related to the request, including application materials, shall be maintained in an administrative file pursuant to the city records retention schedule and applicable state law.

V. GUIDELINES

- A. Only one participant shall be permitted to ride along at any one station house, in one emergency response vehicle, or in any one police vehicle at one time.
- B. Immediate family members and/or significant others of department members may not be paired together during a ride-along.
- C. The Fire & EMS Director or Police Chief (or designee) shall determine which department member a ride-along participant will be assigned to. The officer assigned a ride-along will log the participant in and out.
- D. Individuals will not be allowed to ride-along with officers performing raids or with plainclothes units without specific advanced coordination and the approval of the Fire & EMS Director or Police Chief (or designee).
- E. Department members shall not allow ride-along participants to participate, directly or indirectly, in situations that may jeopardize the safety of the ride-along, that department member, other department staff, or the general public.
- F. Ride-along participants will not be allowed to enter into private homes or on medical emergency responses without the explicit authorization of the department member providing the ride-along.
- G. Once approved, ride-along guidelines may be altered or changed if deemed necessary by the City.
- H. Department personnel may terminate a ride-along at any time and transport the ride-along participant back to the location of origin. Reasons may include, but are not limited to ride-along conduct, safety, violation of the rules of conduct, or department response needs. City staff shall notify their department head that the ride-along has been terminated. The Fire & EMS Director or Police Chief (or designee) shall indicate the termination and the reasons for termination on the application form.

VI. RULES OF CONDUCT

- A. City staff will explain the potential hazards that may be encountered and the necessity for participants to immediately obey all instructions. Participants shall follow the rules of the program as well as any directions of the department to which they are assigned.
- B. All ride-along participants are only observers to department operations. They shall not become involved in any incidents unless specifically instructed to do so by an authorized department member.
- C. Participants shall respect and preserve the confidentiality of all names of persons or information learned through the program, unless otherwise authorized.
- D. Participants shall not operate any vehicle during their ride-along.
- E. Participants shall not use department equipment, including computers, except when directly authorized by department staff or in extreme emergencies.
- F. Participants shall be required to wear seatbelts at all times and remain within the department's vehicle unless otherwise directed by the assigned supervising department member.

- G. Participants are prohibited from possessing or carrying a firearm or other weapon (with the exception of licensed peace officers), camera, tape recorder, or other type of recording device during a ride-along. If a ride-along is authorized to carry his or her cellular phone, it may only be used in cases of emergency.
- H. Participants shall not smell of, possess, or consume alcoholic beverages or other controlled substances before or during the ride-along.
- I. All City equipment and vehicles are tobacco free.
- J. Participants shall wear appropriate dress: business or business casual attire, with supportive shoes or boots. Unless provided by the department, ride-along participants shall not wear any clothing that implies direct association with the department.
- K. Participants may be provided department-issued identification that shall be displayed prominently during the entire ride-along.

VII. SPECIAL PARTICIPANTS – AGE LIMIT EXCEPTIONS

- A. Programs sponsored by national organizations which provide personal liability and medical insurance coverage for its members may be exempt from the minimum age requirement.
- B. The department may grant permission for youths involved in department-sponsored law enforcement programs or special community events to participate in ride-along activities on emergency response vehicles or tour department facilities.
- C. For any program that allows a ride-along participant under the age of eighteen (18), the written permission of a parent or legal guardian shall be obtained on the required Waiver of Claims and Release of Liability Agreement.

VIII. SPECIAL PARTICIPANTS – CITY EMPLOYEES/VOLUNTEERS

- A. The Fire & EMS Director and the Police Chief may authorize non-sworn department members to participate in the ride-along program on a regular basis, or more often than this policy normally allows, as deemed necessary to obtain job-related expertise. City employees required to participate in the ride-along program may participate without signing the Waiver of Claims and Release of Liability Agreement.
- B. Members of the Hastings Police Reserve Program may participate in the ride-along program at any time with the authorization of the sworn department member they will ride with and/or the on-duty shift supervisor. Hastings Police Reserve Unit officers are not required to complete the Waiver of Claims and Release of Liability Agreement.

IX. HIPAA COMPLIANCE

- A. Under the requirements of the federal Health Insurance Portability and Accountability Act (HIPAA), ride-along participants who may come into contact with private health-related information will agree in writing, to keep all confidential information learned during their ride-along participation confidential.

Approved by City Council: December 6, 2010



APPLICATION FOR RIDE-ALONG

All application materials must be submitted at least ten (10) days prior to your desired date.
Approval of ride-along is subject to background check results and staff availability.

I am requesting consideration for a ride-along with the following department (please check box):

Police Department

Fire Department

Requested date of ride-along:		
Name:		
Address		
City:	State:	Zip Code:
Contact Information:	Phone (home):	Phone (cell):
	Email:	
Date of Birth		
Drivers License Number		
Emergency Contact Information		
Name	Relationship	
Phone Day:	Evening:	
Have you participated in a ride-along program before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list dates(s) and sponsoring agency(s):		
Are you affiliated with any police, fire or public safety agency(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list those affiliations		
Why are you interested in participating in a ride-along program?		

By signing this application, I have read this document and agree to be bound by the provisions of the City's Ride-along Policy if selected for participation in the ride-along program, including the following:

- City Policy
- Data Practices Advisory
- Liability Agreement
- Confidentiality Agreement

Applicant Signature

Date

If applicant is under the age of eighteen, a parent or guardian must co-sign this application:

Parent/Guardian Name Parent/Guardian Signature Date

Office Use:	Date	Initials
Application Received	_____	_____
Background Check Conducted:	_____	_____
Confidentiality Agreement Returned	_____	_____
Ride Along Scheduled	_____	_____
Ride Along Conducted	_____	_____



**RIDE-ALONG PROGRAM
CONFIDENTIALITY AGREEMENT**

As a participant in the City of Hastings Ride-Along Program, it is possible that I may come into contact with various types of information, with different legal designations and in different forms, including information that I would otherwise have no right to access.

I agree that I will not actively solicit or access, through city computers, files, or other means available, through my participation in the City Ride-Along Program any data that I otherwise have no right or need to witness.

To the extent that I may have access to private, confidential, nonpublic or protected nonpublic data during the course of my ride-along activities, I agree to comply with the Minnesota Government Data practices act and all other applicable statutes of the State of Minnesota, the federal Health Insurance Portability and Accountability Act (HIPAA) and all other applicable federal laws, and all applicable policies, rules and regulations of this City. I promise to protect the confidentiality of any and all such information that I may learn through my participation in the Ride-Along Program and will all times act accordingly.

I understand that I may be subject to criminal or civil penalties for noncompliance.

I have read and understand the above information and agree to be bound by its terms.

Applicant Name *(Please Print)*

Date

Applicant Signature

If applicant is under the age of eighteen (18), a parent or guardian must co-sign this agreement:

Parent/Guardian Name *(Please Print)*

Date

Parent/Guardian Signature

**CITY OF HASTINGS
DATA PRACTICES RIGHTS ADVISORY
TENNESSEN WARNING**

As an applicant for a ride-along with a City Department within the City of Hastings, you are being asked to provide information about yourself which will be used in consideration of your application. The purpose of this request for information is to obtain information to permit the City to make basic checks in regards to the possible existence of a criminal record, outstanding warrant(s), or orders for protection. You are being requested to sign these documents and complete the information in order to be considered for a ride-along. The information contained in the Application for Ride-along and Ride-along Waiver of Claims and Release of Liability Agreement are required by the City of Hastings. You are not required to provide any information requested in these materials. However, if the requested information is not furnished, your application will not be processed and a ride-along will not be permitted.

The data you are being asked to provide under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Under the Data Practices Act, some of this data is classified as public data, the remaining information classified as private or confidential. Private data is available only to you and city officials and agencies with a bona fide need to know such information to process and made a decision on the approval of your application. Public data is available to anyone requesting it and consists of all data furnished in the application process that is not designated private or confidential. The purpose and intended use of the information provided to the Police Department is to determine whether authorization for a ride-along should be approved.

If a ride-along is granted, most information supplied by the ride-along applicant may become public.

The release for information that you have signed, and the data you provide, may be conveyed to third parties. To the extent that they reveal private information, they will be disclosed only to the extent that is necessary to perform the required process of this application.

I have read and understand the above information regarding my rights as a subject of government data.

Applicant Name (*Please Print*)

Date

Applicant Signature

If applicant is under the age of eighteen (18), a parent or guardian must co-sign this advisory:

Parent/Guardian Name (*Please Print*)

Date

Parent/Guardian Signature

CITY OF HASTINGS
Waiver of Claims and Release of Liability Agreement
Ride-Along Program

1. I have asked the City of Hastings and City Police Department Fire Department (collectively, "the City") for permission to be an observer in its Ride-Along Program (the "Program"). My participation is voluntary. No one is forcing me to participate. I acknowledge that the program is not an essential service provided by the City. As a participant in the program, I will ride as a passenger in a City vehicle and will observe the City personnel inside a City vehicle and while at the scene of any incident to which City personnel has responded.
2. I understand that voluntarily participating in the Program may be dangerous because of the multiple hazards encountered by public safety personnel. Such hazards include, but are not limited to: accidents involving a City vehicle, injury from bystanders or traffic; negligent or intentional tortuous acts by third persons; exposure to severe weather conditions; exposure to communicable and/or infectious diseases; and various accidents during the routine operations of the City department. I understand that the City is not a guardian of my safety.
3. I personally assume all risks in connection with participating in the Program. I release the City and its employees, officials, volunteers and agents for any injury or damage sustained by me while participating in the Program, including all risks connected therewith, whether foreseen or unforeseen.
4. In consideration of being allowed to participate in the Program, I waive any and all right of action against the City and its employees, officials, volunteers and agents for any injury or damage that I might suffer while participating in the Program. This waiver does not waive liability for any injuries or damages that I obtain as the result of willful, wanton or intentional misconduct by any person acting on behalf of the City.
5. I agree to indemnify and hold harmless the City and its employees, officials, volunteers and agents against any and all claims, demands, damages, costs, or expenses, including reasonable attorney's fees, for any and all loss, damage or liability, which I may sustain as a consequence of my actions or conduct.
6. I have fully informed myself of the contents of this Waiver of Claims and Release of Liability by reading it before I have signed it. I have had the opportunity to ask any and all questions regarding this Waiver of Claims and Release of Liability and its effect. I understand the terms herein are contractual and not a mere recital and that I have signed this document as my own free act and agree to be bound by its terms.
7. It is my express intent that this Waiver of Claims and Release of Liability shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.

Applicant Name (*Please Print*)

Date

Applicant Signature

CITY OF HASTINGS
Waiver of Claims and Release of Liability Agreement
Ride-Along Program

If applicant is under the age of eighteen (18), a parent or guardian must co-sign this Waiver of Claims and Release of Liability

I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Program. I have read and understand the above Waiver of Claims and Release of Liability and I agree to be bound by the terms stated therein.

Parent/Guardian Name (*Please Print*)

Date

Parent/Guardian Signature

CITY OF HASTINGS RELEASE OF INFORMATION

Per Hastings City Ordinance 33.01 the City of Hastings requires a check of the criminal history for all potential employees, volunteers of the city, and independent contractors as defined in City Employee handbook (*Chapter 2, D*)

The City of Hastings is offering employment to the undersigned, subject to positive results of various investigations. Please complete the below required information, including notarization of your signature, and complete all other documents. You will be informed of your status when your investigation is complete. The City of Hastings has notaries on staff.

The undersigned authorizes the City of Hastings to obtain, and the State of Minnesota and the Hastings Police Department to release all information in the State of Minnesota Justice Information Services (MNJIS), Hastings Police Department Records Management System, and private data, as defined by Minnesota Statute 13.02, Subdivision 12 regarding the undersigned, to include criminal history record information retained by the Minnesota State Bureau of Criminal Apprehension. The undersigned further releases the City of Hastings, the State of Minnesota and the Hastings Police Department or other agencies used in conducting the background investigation from any claims or damages which the undersigned might incur as a result of the City obtaining this information from the State of Minnesota, the Hastings Police Department or other agencies. This authorization is effective for three months following the date of execution.

This information is being requested by the City to determine whether the undersigned is disqualified from being an employee, volunteer or an independent contractor for the City. Under Minnesota State Law, the City can disqualify a person from employment/volunteer service because of a criminal conviction only if the conviction directly relates to the proposed job. This information is classified as private personnel data and will be provided only to those City employees or agents who have a need to review it. The City does not intend to release the information to any other party, but may be required to do so by subpoena or court order. The undersigned may refuse to authorize the release of this information, but refusal will result in disqualification as either an employee, volunteer or independent contractor.

Please print clearly

Full Name (*last, first, middle & maiden name if applicable*) _____

Date of Birth _____ Activity/Position _____

Home Address _____

Home Phone Number _____ Cellular Phone Number _____

Driver's License # _____ State of DL _____

Signature _____

If under 18, parent/guardian signature is also required _____

Printed Name of Parent/Guardian (*if under 18 years of age*) _____

Parents Address & Phone Number (*if different from above*) _____

The foregoing was acknowledged before me this _____ day of _____ 20____ by _____

Notary Signature _____ Commission Expires on _____

Seal:

For Office Use Only:

Date to Applicant _____ Date to Police _____ Date Returned _____

SASE Enclosed _____ Reviewed by Staff _____