

**NORFOLK POLICE DIVISION
RIDE-ALONG INFORMATIONAL SHEET**

Thank you for inquiring about our Ride-Along Program. The program allows private citizens the opportunity to get a close-up view of the Norfolk Police Division. Our Ride-Along Program provides citizens a greater understanding of the many duties, services and functions we provide, is a great learning tool for individuals interested in careers in law enforcement and is an excellent opportunity for the Division to promote positive community relations.

The City of Norfolk has established policies and procedures for our Ride-Along Program. Only eligible individuals will be considered for participation in a Ride-Along Program.

Requests to participate in a ride-along are always subject to personnel availability.

Because of data privacy rights, confidentiality issues and operational security issues, all applicants must complete a background check prior to being approved to participate in a ride-along. While we do approve certain ride-along opportunities for juveniles, these requests must also be signed by a parent or guardian.

If you would like to be considered for a ride-along opportunity, you will need to complete the Ride-Along Application, Release of Liability and Confidentiality Agreement. These forms must be turned in by the ride-along candidate, or if the interested person is a minor, by both the minor and a parent or legal guardian.

Rules of Conduct during the ride-along program are listed below:

- Participants must wear business casual attire. No law enforcement-related clothing is allowed.
- Participants wear seat belts at all times.
- Participants are prohibited from carrying firearms. Exceptions may be made for sworn law enforcement officers with proper credentials.
- Participants are prohibited from using any recording device without prior written approval.
- Participants are prohibited from using alcohol prior to or during the ride-along program.
- Participants are prohibited from using tobacco products during the ride-along program.
- Participants shall respect and preserve the confidentiality of all names of persons or information learned through the program unless otherwise authorized.

Norfolk Police Division Ride-Along Application

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

Requested Date of ride-along: _____ Requested times _____ to _____

Name (Last) _____ (First) _____ (MI) _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

Date of Birth _____ Driver's License Number _____ State _____

In Case of emergency contact: (full name) _____

Address _____

Phone: _____ Relationship _____

Have you participated in the Ride-Along Program before? Yes _____ No _____

If yes, please list dates(s) and reason: _____

What are your reasons for requesting to participate in the Ride-Along Program? _____

By signing this application, I signify I have read this document and the attached information sheet, and agree to be bound by the provisions of the City's ride-along policy if selected for participation in the Ride-Along Program:

Applicant Signature _____ Date _____

If applicant is under the age of eighteen (18), a parent or guardian must co-sign this application in the presence of the Operations Captain or his/her designee:

Parent/Guardian
Printed Name

Parent/Guardian Signature

Date

**Norfolk Police Division Ride-Along
Waiver of Claims/Release of Liability & Confidentiality Agreement**

1. I have requested the Police Division of the City of Norfolk, (collectively, "the CITY") for permission to be an observer in the 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 police 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; exposure to traumatic situations that may cause mental and/or emotional distress/anguish to myself; and various accidents of all types during the routine operations of the CITY division. 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/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/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/Release of Liability shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am incapacitated or deceased.
8. **CONFIDENTIALITY AGREEMENT;** As a participant in the 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 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 health or other nonpublic data during the course of my ride-along activities, I agree 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.
9. Any portion or portions of this agreement deemed invalid by a court of law will have no effect on the remainder of this document, which shall remain valid.

Name (Please Print)

Street Address

Date

Signature

City, State, Zip

NOTICE: Program participants under eighteen (18) years of age must have this Waiver of Claims/Release of Liability co-signed by their parent or legal guardian in the presence of the Operations Captain or designee.

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/Release of Liability and I agree to be bound by the terms stated therein.

Parent/Guardian Name

Parent/Guardian Signature

Date

OPERATIONS CAPTAIN OR DESIGNEE COMPLETES BELOW

Request for Ride-Along is Approved Denied

If denied, reasons for denial:

If approved:

Authorized to Ride for _____ (hours) on _____ (date).

Time Ride-Along will begin _____.

Time Ride-Along will end _____.

Remarks: _____

Captain or designee's Signature Date

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SHIFT SUPERVISOR COMPLETES

Actual Ride-Along start time: _____

Actual Ride-Along End-Time: _____

Ride-Along Event Number: _____

Remarks (If ride-along terminated early, change in sponsoring officer, etc.)