



REQUEST FOR POLICE RIDE-ALONG

APPLICANT INFORMATION

(Please print all answers and fill out every line possible.)

First, Middle, Last Name: _____

Address/City/State/Zip: _____

Date of Birth: _____ Gender: _____ Phone: _____

Driver's License#: _____ State Issued: _____ Expiration Date: _____

Emergency Contact /Address/Phone/Relationship: _____

Please indicate any preferences you may have regarding your ride-along. Indicating preferences does not guarantee a ride-along at the preferred time/day of the week.

Preferred Date/Day of the Week: _____ Preferred Time: _____ Preferred Officer

(Optional): _____

Reason(s) you would like to go on a ride-along:

Have you ever been on a ride-along with the Oviedo Police Department? YES NO

Are you related to an employee of the Oviedo Police Department? YES NO

If yes, who? _____

Are you a graduate of the Community Police Academy? YES NO

Do you have any needs that may require special consideration? YES NO

If yes, explain: _____

Parent /Guardian Information

(This section is to be completed and signed by the legal guardian if the applicant above is under 18 years of age.)

First/Middle/Last

Name: _____

Address/City/State/Zip: _____

Phone: _____ Date of Birth: _____

Guardian's

Signature _____ Date _____

LEGAL NOTE - PLEASE READ BEFORE SIGNING

This form must be completed and returned to the Oviedo Police Department.. By signing this form, you are giving the Oviedo Police Department permission to complete a thorough criminal history check on you prior to the ride-along. Completing this form and returning to the Oviedo Police Department does not guarantee the applicant a ride-along. You will be contacted if your application has been approved or denied. During that contact, the time and date of the ride-along will be established. In addition to this form, you may be required to complete additional paperwork at the time of the ride-along. Ride-along applicants will be given a safety briefing at the time of the ride-along. Any questions regarding ride-alongs or the application process should be directed to the Oviedo Police Patrol Administrative Assistant during regular business hours at 971-5727

***APPLICANT'S

SIGNATURE _____ DATE _____

Community Policing

Deputy Chief approval _____ DATE _____

Oviedo City Police Department Ride-Along Waiver

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS. AFTER READING, SIGN THE WAIVER OF LIABILITY. EVERY PERSON GOING ON A RIDE-ALONG MUST SIGN THE WAIVER.

- _____ I have voluntarily requested to ride as a passenger and observer in a Oviedo Police Department vehicle that will be operated by official Law Enforcement personnel while performing official duties as a peace officer.
- _____ I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.
- _____ I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the officer's and/or my safety.
- _____ I understand that the equipment assigned to an officer and the vehicle in which I will be riding is for the purpose of aiding the officer in performing official duties only and I will not touch, utilize, or adjust any of the equipment in the vehicle or on the officer.
- _____ I agree that I will not take any photographs of any crime scenes or evidence found while with the officer, nor will I create anything on any personal recording device (such as a smartphone or digital camera) that could be considered a record which would need to be included in any officer's report.
- _____ I agree that I will not post anything regarding my ride-along experience to any social media websites of any kind without prior approval from the officer.
- _____ I agree that I will not take any photographs of the officer without his or her prior approval.
- _____ I agree that I will wear business attire with closed toe shoes only. No shorts.
- _____ I understand that failure to abide by the above requirements will result in immediate termination of the ride-along and can prohibit me from being considered for any future ride-alongs.

WAIVER OF LIABILITY

Release of Claims against the Oviedo Police Department

For and in consideration of my being allowed to ride as a passenger and observer in a Oviedo Police Department vehicle for personal benefit, I do hereby release the City of Oviedo, the Oviedo Police Department, its officials, employees, agents, and assigns, individually from any and all civil liability including, but not limited to actions in tort, contracts and civil rights. I do further grant a general release for myself, my heirs and executors and waive, remise, and forever release the City of Oviedo and the Oviedo Police Department, its officials, employees, agents, and assigns from all claims which can or may ever be asserted as a result of injuries or damages, mental or physical, sustained by me while with the Oviedo Police Department or its officers, whether inside or outside the vehicle. I understand the terms of this waiver are contractual, legally binding, and are not mere recital. The officer I have been assigned to ride with has given me a safety briefing and has given me an opportunity to ask questions that may clarify any requirements.

*Ride-Along's

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

*****OFFICER- PLEASE FILL OUT BELOW INFORMATION*****

Rider's ID Confirmed Yes No

TYPE OF ID PRESENTED

Driver's License ID Card Military ID

Known to Officer

Other _____

Officer's Name _____

Shift _____

Date of Ride-Along _____

Time Began _____ Ended _____

Would you want this person to ride w/OVIEDO PD again? Yes No

Comments: _____

Officer's Signature _____

Supervisor's Initials _____

Security Awareness Acknowledgment for Non-Criminal Justice Personnel

I, _____ have read the following, or have had it read and explained to me, and understand and agree that:

My duties require me to work or be present in areas where Criminal Justice Information (CJI) may be seen. I realize that this information is sensitive in nature and will not discuss or reveal any CJI to anyone.

CJI refers to state and federal criminal justice data, which may include case/incident information, identity information (including fingerprints and other forms of biometric data), and property (such as vehicle or firearm) data.

Access to or use of CJI (such as viewing, reading, copying, sharing) is strictly limited to official purposes, specifically the **administration of criminal justice**.

The term “administration of criminal justice” is defines in state law, at Section 943.045(2), Florida Statutes, as follows:

“Administration of criminal justice” means performing functions of detection, apprehension, detention, pretrial release, post-trial release, prosecution, adjudication, correctional supervision, or rehabilitation of accused persons or criminal offenders by governmental agencies. The administration of criminal justice includes criminal identification activities and the collection, processing, storage, and dissemination of criminal justice information by governmental agencies.

My work-related duties, as defined by my employer and understood by me, do not in any way involve the administration of criminal justice, as defined above.

In the course of my work-related duties, I may see or learn of (as by hearing mention of) CJI.

Because I have no responsibility or authority for handling CJI, I will not access, use, view, copy, disseminate, or disclose (in writing or in conversation) CJI, nor will I take part in the physical destruction of CJI. I am aware that doing so would be considered misuse of CJI.

I further understand that misuse of CJI is not limited to situations in which the CJI is used by me or others for purposes or in a manner that could be punished under the criminal laws of Florida or of the United States.

I acknowledge that misuse of CJI may subject me to administrative action (such as termination of employment or contract), civil penalties and/or criminal penalties.

I agree and commit that if I hear, see, or otherwise become aware of actual or potential misuse of CJI, or of a situation that may cause or contribute to the misuse of CJI, I will promptly report same to

_____ (insert agency designee)

I agree and commit that I will not allow, by action or inaction, the unescorted entry into any secure (protected) area by anyone who is not known to be authorized to enter such area.

I have read and understand the information above regarding the importance of protecting CJI, and have asked and received a satisfactory answer to any questions I had concerning the duties and restrictions imposed on me with respect to CJI.

Signature of Individual

Date