



Ride Along Request Form

Waite Park Police Department

19 13th Avenue North, Waite Park, MN 56387
Office 320-251-3281 | Fax 320-259-4528

APPLICANT INFORMATION

Applicant Name: _____

Date: _____

HOLD HARMLESS AGREEMENT

The undersigned, being eighteen years of age or older, does hereby request the Waite Park Police Department of Waite Park, Minnesota, for permission to ride, as an observer only, in an authorized Waite Park Police Department motor vehicle. This observation is for the purpose of educational benefit. If permission is granted, I hereby agree to obey at all times all instructions, orders and commands given me by the officer or officers in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations will arise which might result in my being exposed to danger of physical harm, personal injury, or death caused by incidents including, but not limited to, motor vehicle, aircraft, or boating accidents; assault; battery; or any intentional or negligent acts or omissions by me, or any officer, employee, or agent of the City of Waite Park, Minnesota.

Wherefore, in consideration for the educational benefit to be received and the granting of the above request, I hereby agree to hold the City of Waite Park, its Council Members, its employees, agents and servants harmless from all liability for property damage, physical harm, personal injury, or death arising out of my experience as an observer, and I further waive all my rights or claims to damages, legal or equitable, arising out of any intentional or negligent acts or omissions by me, or any officer, employee, agent of the City of Waite Park.

Applicant Signature: _____

Date: _____

TENNESSEN WARNING

Pursuant to the Minnesota Government Data Practices Act, the City of Waite Park is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public.

Private data is available only to you, to appropriate city employees, and others as provided by state and federal laws who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application that is not designated in this notice as private data.

The information you give about yourself is needed to identify you and to assist the City of Waite Park in determining your suitability for the position for which you are applying. Failure to provide required information may make you ineligible for consideration for the position.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant Signature: _____

Date: _____



Ride Along Request Form

Waite Park Police Department

19 13th Avenue North, Waite Park, MN 56387
Office 320-251-3281 | Fax 320-259-4528

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a **Police Ride Along**, the City of Waite Park, Minnesota; I hereby authorize any investigator, or duly accredited representative of Waite Park, Minnesota, bearing this release, or a copy thereof, within one year of this date to obtain any information from schools, residential management agents, employers, criminal justice agencies or individuals, relating to my activities. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the city and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant Signature: _____

Date: _____

CRIMINAL JUSTICE INFORMATION LEVEL ONE SECURITY AWARENESS NOTICE

Purpose and Overview

Security Awareness Training is for all personnel whose duties require them to have unescorted access to a physically secure location that processes or stores Criminal Justice Information.

The information below is specifically for personnel that should not access or handle Criminal Justice Information.

The FBI CJIS Security Policy requires that all personnel that have unescorted access to a physically secure location, that processes or stores Criminal Justice Information, must complete CJIS Security Awareness training within 6 months of appointment or assignment to their position. After the initial training, the training must be completed every two years to remain compliant.

What is Criminal Justice Information

Criminal Justice Information is confidential data that consists of stolen cars, stolen guns, missing persons, etc. IT also includes criminal history and other data related to criminals.

Rules and Expected Behavior for Police Ride Alongs

You are not authorized to access, read, handle or discuss Criminal Justice Information. It can only be used for authorized purposes. Proper disposal of all Criminal Justice Information is the criminal justice agency's responsibility.

Unauthorized access, handling or discussion of Criminal Justice Information could result in criminal prosecution.

The areas that process or store Criminal Justice Information should be secure. Doors should be locked to prevent unauthorized access. It is your responsibility to help ensure this area stays secure. Report any unusual activity to your agency contact immediately. This includes any misuse of Criminal Justice Information that you might witness or hear about. All incidents should be reported.

If you have any questions regarding the CJIS Security Policy or expected behavior around Criminal Justice Information, talk to the agency contact for further information.

I have read and I understand the above Level 1 CJIS Security Policy.

Applicant Signature: _____

Date: _____



Ride Along Request Form

Waite Park Police Department

19 13th Avenue North, Waite Park, MN 56387
Office 320-251-3281 | Fax 320-259-4528

APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____
Other Legal Names (Example Maiden): _____
Sex: _____ Driver's License #: _____ State: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Email: _____
Applicant Signature: _____ Date: _____

REQUEST INFORMATION

Reason for Ride Along Request: Example: Waite Park resident, Criminal Justice student, Police Officer applicant

What do you hope to learn or find out about during your ride along?

Preferred Days of the Week, Times, Officer: _____

WAITE PARK POLICE USE ONLY- DO NOT WRITE BELOW THIS LINE

BCA (C): _____ MNCIS: _____ WPPD
RMS: _____
CCH: _____ Date: _____ Case #: _____
Background Results: Clear See Attached
Comments:
Decision: Approved Denied On Hold
Signature (Police Chief): _____ Date: _____
Applicant Approval/Denial Notification: Email Mail Phone Date: _____