



# Ride Along Program Application

## St. James Police Department

APPLICANT/PARTICIPANT: PRINT NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NUMBER				DATE	
STREET ADDRESS				CITY STATE ZIP CODE				RESIDENCE PHONE	
DRIVERS LICENSE NUMBER	SEX	RACE	AGE	DATE OF BIRTH	HT	WT	HAIR	EYES	
OCCUPATION		NAME AND ADDRESS OF EMPLOYER/SCHOOL					BUSINESS PHONE		
EMERGENCY CONTACT		EMERGENCY CONTACT ADDRESS					EMERGENCY CONTACT PHONE		
<b>REQUEST TYPE:</b> <input type="checkbox"/> CITIZEN INITIATED (4 HOUR MAXIMUM RIDE TIME, ONCE PER CALENDAR YEAR) <input type="checkbox"/> DEPARTMENT INITIATED (L.E., MEDIA, INTERN, VOLUNTEER, RESERVE, EMPLOYEE, OFFICIAL) NAME OF INITIATING OFFICER _____ <input type="checkbox"/> OFFICER INITIATED (L.E., RELATIVE, ACQUAINTANCE) RELATIONSHIP _____ NAME OF INITIATING OFFICER _____									
<b>DATE / TIME RIDE ALONG REQUESTED</b> DATE REQUESTED ____/____/____ START TIME REQUESTED ____:____ ____AM ____PM									
<b>DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS OR PENDING COURT CASES, FELONY OR MISDEMEANOR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATE, AGENCY, CHARGE, AND DISPOSITION. ATTACH ADDITIONAL SHEETS IF NECESSARY.									
<b>ARE YOU A UNITED STATES CITIZEN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO									
<b>DO YOU HAVE ANY PHYSICAL LIMITATIONS SUCH AS HIGH BLOOD PRESSURE, HEART CONDITION, NERVOUS CONDITION, MENTAL DISORDER, AN INABILITY TO RUN, BEND, DUCK, SQUAT, CRAWL, CLIMB OR COMMUNICATE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:									
<b>LIST PREVIOUS PARTICIPATION IN ANY RIDE ALONG PROGRAM</b> - INCLUDE THE AGENCY NAME AND DATE PARTICIPATED									
<b>WHY DO YOU WANT TO PARTICIPATE ON A RIDE ALONG WITH THE ST. JAMES POLICE DEPARTMENT?</b> PLEASE INCLUDE THE NAMES OF THOSE PERSONS, OFFICERS, AGENCIES OR INSTITUTIONS WHO RECOMMENDED THIS RIDE ALONG. ALSO INCLUDE WHAT YOU HOPE TO GAIN OR LEARN FROM THIS EXPERIENCE.									

## RULES AND REQUIREMENTS

1. Promptly and Quickly obey all commands of all St. James Police Department officers, the Chief, or other law enforcement officers.
2. Applicants must read and sign the application and release in its entirety, 14 days prior to the requested date of the ride-along, and in the presence of a St. James Police Officer.
3. The applicant must show a photo identification to a St. James Police Department employee that is issued by a state or federal government agency at the time they sign the application and release.
4. Participants are normally allowed to ride one time during a calendar year, up to and not to exceed four hours. Exceptions to this are as follows: Department and Officer Initiated Ride Along (News Media, law enforcement officers from other jurisdictions, county employees, relatives or personal acquaintances of Sheriff's employees, participants in an internship program with the St. James Police Department, Police Officer Reserves, public officials or other institutional members approved by the Chief) Regardless of any exceptions, each ride-along event must be approved and an application and release must be completed.
5. The participant must be in good physical health and have the ability to run, bend, duck, squat, crawl climb and communicate.
6. Whenever possible, female participants will ride with female officers, male participants will ride with male officers. Staffing will dictate the availability to pair deputies and citizens in this manner.
7. Participants shall not record or video while participating in the ride-along program. Further, participants shall not bring with them any equipment that may be used to record audio or video in any form. Cellular telephones must remain silent and may only be utilized when expressly permitted by the host deputy or in case of emergency. (This rule does not apply to news media personnel.)
8. Participants must submit to a search of their person and/or any belongings brought with them at any time during the ride-along event if such a request is made by any St. James Police Officer or the Chief.
9. Participants shall not have any weapons with them or in their possession. (Law enforcement officers from other jurisdictions may at the discretion of the shift supervisor be permitted to carry their firearm. If such permission is granted the weapon must be completely concealed.
10. Participants shall have their seat belt properly secured at all times while the vehicle they are riding in is in motion.
11. Participants shall not use the radio except in cases of extreme emergency when the officer is not able to.
12. Dress Code - **Permitted:**  
Casual slacks - Neat denim jeans - Shirts with a collar -Shoes should be clean and comfortable with a non-slip type of sole. Appropriate protective clothing should be brought by the participant for applicable weather conditions. Non-logo sweaters, jackets, and coats are permitted.
- Dress Code - **Prohibited:**  
Dresses - Skirts - Low cut or revealing pants - Loose baggy pants - Military or Tactical pants - Tshirts - Shorts - Sweatpants - Jogging Suits – High heel shoes - Any article of clothing displaying offensive logos - Any article of clothing that is torn, has holes or reveals any areas of the body that should be covered - Any other item or article that may compromise the integrity and professionalism of the police department or offend a reasonable person. All tattoos must be completely covered. The shift supervisor will make the final determination as to whether a participant's dress is acceptable.
13. Participants shall not identify themselves as law enforcement officers, either visually or verbally. (Outside jurisdiction Law Enforcement Officer participants may in the case of an emergency identify themselves as law enforcement.)
14. Participants shall not become directly involved in any law enforcement activity unless specifically requested to do so by a officer or other law enforcement officer, or in cases of extreme emergency, at their own discretion. Participants should not communicate with suspects, victims, or witnesses in any manner unless directed to do so by the host deputy. Violating this rule may compromise a criminal case and will not be tolerated.

15. The host officer will notify dispatch that they have a civilian rider prior to going in service.
16. The host officer will determine when it is acceptable for the participant to exit the vehicle, prior to the participant exiting the vehicle. (i.e. on traffic stops or calls for service)
17. The host officers may suspend a ride-along event at any time and return the participant to the Police Department.
18. Participants will not be permitted to enter onto private property or other areas where a citizen has a reasonable expectation of privacy without the explicit consent of the citizen. Participants will not be allowed to participate in any search warrant.
19. Participants will not be allowed to freely discuss observed items that are of a confidential nature outside of the Police Department.
20. Any participant who is injured or ill no matter how slight, shall immediately notify their host officer of such.
21. Participants shall report to St. James Police Department ten minutes prior to the beginning of the time they have been approved to ride-along. Participants will normally be expected to ride the entire scheduled ride shift (Citizen Initiated Participants 4 hour max) in order to cause as little inconvenience as possible. Exceptions will be evaluated on a case by case basis.

## RELEASE/WAIVER

I acknowledge that I have requested permission from the St. James Police Department to accompany St. James Police Officers and/or the Chief, in the performance of their duties both in Police Department's vehicles and outside such vehicles. I am aware of the various dangers involved in police work, and aware that Police Department vehicles are frequently operated under emergency conditions. I am also aware that accompanying officers and/or the Chief in performance of their duties may frequently expose me to various and sundry perils to life and limb due to the actions of criminal suspects, prisoners, and other such persons.

Being fully aware of the inherent dangers in the activities in which I propose to engage, I the undersigned, for himself, his personal representatives, heirs and next of kin do hereby release, remise, give up, and abandon each and every claim, cause of action, or other right, which I may now or hereafter have against the City of St. James in the state of Missouri, the St. James Police Department, or any officer, agent, employee, or servant thereof, or any department, bureau, division, section, unit or elected officer of said county, resulting or to result from my accompanying of St. James Police Officers and/or the Chief in the performance of their official duties, whether in a Police Department vehicle or in any other situation. This release is given in consideration of my being allowed to accompany St. James Police Officers and/or the Chief in performance of their official duties.

Further, I have read and agree to abide by all rules for the ride-along program, and I shall promptly and expeditiously obey all orders of all St. James Police Officers and/or the Chief.

Further, I declare that I have never been arrested for, charged with, or convicted of a felony, and I do not have any case pending involving a serious misdemeanor or a felony. I also authorize the St. James Police Department to perform a background check, including a criminal history and motor vehicle check to verify that all statements given in this application and release are in fact true.

### MUST BE SIGNED UPON SUBMISSION IN THE PRESENCE OF A ST. JAMES POLICE DEPARTMENT EMPLOYEE

<b>APPLICANT SIGNATURE</b>	<p>I ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE PROVIDED TRUE AND FACTUAL INFORMATION WITHIN THIS APPLICATION. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE UTILIZED TO CONDUCT A BACKGROUND INVESTIGATION PRIOR TO MY PARTICIPATION IN THIS PROGRAM. I FURTHER ATTEST THAT I HAVE READ AND UNDERSTAND THE ST. JAMES POLICE DEPARTMENT RULES AND REQUIREMENTS (ATTACHED/PAGES 2-3) FOR PARTICIPATION IN THIS RIDE ALONG PROGRAM AND AGREE TO COMPLY WITH ALL DIRECTIVES AS A CONDITION OF MY PARTICIPATION.</p> <p><b>SIGNED: X</b> _____ <b>DATE:</b> _____</p> <p style="text-align: center;">APPLICANT SIGNATURE</p>
<b>WITNESS SIGNATURE</b>	<p>_____ <b>DATE:</b> _____</p> <p>WITNESS PRINTED NAME (SJPD EMPLOYEE)</p> <p><b>SIGNED: X</b> _____ <b>DATE:</b> _____</p> <p style="text-align: center;">WITNESS SIGNATURE</p>

RIDE ALONG APPLICATIONS MUST BE SUBMITTED TO THE ST. JAMES POLICE DEPARTMENT' LOCATED AT 200 N. BOURBEUSE ST., ST. JAMES, MO. APPLICATIONS ARE TAKEN BETWEEN THE HOURS OF 8AM TO 5PM, MONDAY THRU FRIDAY. APPLICATIONS MUST BE SUBMITTED PRIOR TO YOUR REQUESTED RIDE ALONG. PLEASE PROVIDE THE POLICE DEPARTMENT'S STAFF WITH A VALID STATE OR GOVERNMENT IDENTIFICATION UPON SUBMISSION OF YOUR APPLICATION. RIDE ALONG DATES ARE LIMITED AND WILL BE GRANTED ON A FIRST COME FIRST SERVE BASIS TO THOSE WHO ARE ELIGIBLE. RIDE ALONGS ARE LIMITED TO ONE PER CALENDAR YEAR PER APPLICANT. YOU WILL BE CONTACTED AFTER APPLICATION PROCESSING.

WHILE THIS IS STRICTLY VOLUNTARY WE APPRECIATE ANY FEEDBACK THAT YOU HAVE TO OFFER. IF YOU ARE NOT COMFORTABLE LEAVING YOUR COMMENTS WITH THE HOST OFFICER YOU MAY ALSO CONTACT THE POLICE DEPARTMENT 573-265-7012. THANK YOU FOR YOUR PARTICIPATION IN OUR PROGRAM.

**ST. JAMES POLICE DEPARTMENT OFFICE USE ONLY**

SJPD EMPLOYEE RECEIVING APPLICATION \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ TIME RECEIVED \_\_\_\_\_

APPLICANT IDENTIFICATION VERIFIED: (ATTACH PHOTO COPY) ___ YES ___ NO	IDENTIFICATION TYPE: _____
--	-------------------------------

**RECORDS SECTION**

RECORDS CHECK CONDUCTED: \_\_\_ MULES/NCIC \_\_\_ LOCALS/IN HOUSE \_\_\_ CAD/DISPATCH \_\_\_ DOR \_\_\_ OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

CONDUCTED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

APPLICATION WITH HISTORY SUBMITTED TO STAFF MEMBER WHERE RIDE-ALONG IS REQUESTED BY: INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

**ADMINISTRATIVE SECTION REVIEW**

APPLICANT APPROVED \_\_\_ YES \_\_\_ NO

**HOST OFFICER REPORT**

HOST OFFICER NAME \_\_\_\_\_ DSN \_\_\_\_\_

<b>OFFICER CONDUCTED SAFETY</b> BRIEFING ___ YES ___ NO  APPLICANT INITIALS _____	<b>APPLICANT ID VERIFIED</b> ___ YES ___ NO	<b>APPLICANT APPEARANCE SATISFACTORY</b> ___ YES ___ NO COMMENTS: _____ _____
---	--	--

RIDE ALONG: START DATE \_\_\_\_\_ START TIME \_\_\_\_\_ END DATE \_\_\_\_\_ END TIME \_\_\_\_\_

**PARTICIPANT REVIEW:**

SHOULD APPLICANT BE PERMITTED TO PARTICPATE IN FUTURE RIDE ALONGS? \_\_\_ YES \_\_\_ NO

REASON/COMMENTS: \_\_\_\_\_  
\_\_\_\_\_