

PLYMOUTH POLICE DEPARTMENT RIDE-ALONG PROGRAM

Welcome

General Guidelines:

Please wear presentable and comfortable clothing and shoes for the weather. **No clothing with holes or rips.** Inappropriately dressed individuals may be refused their ride-along by the host officer. **Plan on arriving in the police department ready to start your shift a *minimum of 15 minutes* prior to your scheduled start time.**

Make sure you bring a completed and signed Guidelines for Ride-Along Observers with the Plymouth Police Department and Waiver of Claims, Release of Liability, and Indemnity Agreement with you.

Address and Parking: 3400 Plymouth Blvd, Plymouth, MN 55447

Please park in the north parking lot near the veteran's memorial and enter the "Police" main entrance at the front of city hall.

Food:

Please make arrangements to bring food or have money depending on the length of the ride-along and the wishes of the host officer.

**Questions Prior to Scheduled Ride-Along can be directed to
Captain Scott Whiteford at swhiteford@plymouthmn.gov**

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

NOTICE: As an applicant for the ride-along program, you are being asked to provide information about yourself that will be used in consideration of your application. You are not being required to provide the requested information. However, refusing to provide any of the requested information will lead to a denial of your ride-along application. The purpose of this request for information is to obtain information to permit the City to make basic checks in regard to the applicant's criminal record and eligibility for the ride-along. Portions of the data requested by this application will be considered public when they are received, pursuant to the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Any data that is classified as private under that Act will be available only to you and to City officials and agencies with a need to know such information in order to process your application. If a ride-along is granted, most information supplied by the applicant will become public.

Full Name (print): _____

(If full name is not included, application will be rejected)

Address: _____

City State Zip: _____

Telephone: _____

Email: _____

Date of Birth: _____

Month/Day/Year

Preferred Date of Ride-Along: _____

Preferred start time of Ride-Along: _____

Reason or purpose of ride-along: _____

In the event of an emergency please contact.

Name: _____

Phone number _____

Relationship: _____

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Guidelines for ride-along observers with the Plymouth Police Department

1. You **must sign** the Plymouth Police Department Release and Indemnity Agreement and Ride-Along Confidentiality Agreement **prior** to your ride-along shift. For any ride-along participants under the age of eighteen (18), the signature of a parent or legal guardian shall be obtained on the required Application, Confidentiality Agreement, and Waiver of Claims, Release of Liability, and Indemnity Agreement.
2. You must follow the directives of the Police Officers with whom you are riding at all times.
3. You will experience a variety of types of calls.

- You must sign the ride-along agreement of confidentiality and keep all patient/citizen data and information private.
- You must conduct yourself in a manner that does not create a risk to yourself, our host officer/employees, or the public. You must act in a manner that is appropriate for the given situation and circumstances.
- You are an observer only and you will not provide direction, advice, or criticism to our host officer, other police employees, or the public.
- This ride-along and its duration is a privilege granted by the department and the host officer and we reserve the right to end the privilege at any time.
- In the event of a call, you will be expected to follow the direction of the host officer and will not be allowed into any IDLH (Immediately Dangerous to Life and Health) atmospheres or hazardous areas on a scene.
- You will not be allowed out of the police vehicle on a scene unless authorized by the host officer

4. If a problem arises during your ride-along that cannot be solved by the shift supervisor, the shift supervisor will notify the Patrol Commander Immediately.

I have read these instructions and agree to abide by them.

Signature: _____ **Date** _____

(If digital: Type full name and date of birth for signature)

Printed Name: _____

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Ride-Along Confidentiality Agreement

I understand the Plymouth Police Department is committed to honoring the privacy of each citizen as well as its employees and protecting all data and information as required by all applicable laws, rules, regulations and policies of the City of Plymouth pertaining to the sharing and handling of such data. The Minnesota Data Practices Act establishes categories and definitions for types of governmental data. This statute restricts release of certain types of data. In general, an employee or agent of the City of Plymouth should not read or otherwise have knowledge of specific information about a person which is not required for the employee or agent to perform his or her duties. A person's medical information gathered and known by Plymouth Police Department staff or a department ride-along observer is private. Information on a person may not be released without specific written permission from that person or the person's authorized representative.

As a participant in the Plymouth Police Department Ride-Along Program, it is possible that I may come into contact with various types of information, including private or confidential information, to which I would otherwise have no right to access. I agree to not actively solicit or access, through City computers, files, or other means available, any data that I would otherwise have no right to access or witness. To the extent I 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 ("MGDPA") 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 laws, rules, regulations, and policies of the City of Plymouth. 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 act accordingly at all times.

During the course of my relationship to the Plymouth Police Department, I will:

1. Only discuss a person's information for educational purposes and redacted of personal identifiers.
2. Not discuss or share a person's or employee's information with another individual unless it is necessary for that individual to perform his or her work activities and they are authorized to have access to the information.
3. Not conduct conversations or act in a manner that would reveal confidential information while in public or semi-public areas such as elevators, cafeterias, etc.
4. Prevent unauthorized persons from accessing and viewing a person's information gathered under the auspices of clinical medical experience.
5. Acknowledge that I may be subject to criminal or civil legal action under the MGDPA, HIPAA and/or other laws, rules, and regulations if I am found to have violated any of the above provisions. If I have questions regarding confidentiality of information, I will direct them to the shift supervisor, or the Patrol Commander.

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

Signature: _____ Date: _____

(If digital: Type full name and date of birth for signature)

Printed Name: _____

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Waiver of Claims, Release of Liability, and Indemnity Agreement

I have asked the City of Plymouth and its Police Department (collectively, “the City”) for permission to be a participant in its Ride-Along Program (the “Program”). My participation is voluntary. 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 for my own benefit the functions and operations of the City personnel inside a City vehicle and while at the scene of any incident to which City personnel has responded.

I understand that voluntarily participating in the Program may be dangerous because of the multiple hazards encountered by Police Department personnel. Such hazards include, but are not limited to: accidents involving a City vehicle; injury from bystanders or traffic; negligent or intentional tortious 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 Police Department. I understand that the City is not a guardian of my safety. 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.

In consideration of being allowed to participate in the Program, I waive any and all right to file any action against the City and/or 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 a result of willful, wanton, or intentional misconduct by any person acting on behalf of the City. I hereby agree to fully defend, indemnify, and hold harmless the City, 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, due to my negligence, misconduct, or violation of the law.

I have fully informed myself of the contents of this Waiver of Claims and Release of Liability Agreement by reading it before signing it. I have had the opportunity to ask any and all questions regarding this Waiver of Claims, Release of Liability and Indemnity Agreement and its effect, as well as the opportunity to consult with private legal counsel. 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.

It is my express intent that this Waiver of Claims, Release of Liability, and Indemnity Agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased. On the date of execution of this Waiver of Claims, Release of Liability, and Indemnity Agreement I am eighteen years old or older. It is my intent that this Release and Indemnity Agreement shall be in full force and in effect at any time after execution.

I have read and understand the above statement.

SIGNATURE: _____ **DATE:** _____

(If digital: Type full name and date of birth for signature)

Printed Name: _____