

	<b>ROCKFORD POLICE DEPARTMENT</b>		DISTRIBUTION	<b>PAGE 1 OF 3</b>
	<b>GENERAL ORDER NUMBER - 40.11</b>		<b>ALL PERSONNEL</b>	
ORDER TITLE	SERIES NO.	SERIES TITLE / SUBJECT		
<b>CITIZEN RIDE-ALONG PROGRAM</b>	<b>40</b>	<b>LAW ENFORCEMENT OPERATIONS</b>		
REFERENCE			APPENDICES	
<b>Citizen Ride along, Ride along with officers</b>			<b>A, B, C, D</b>	
ORIGINAL ISSUE DATE	REISSUE / EFFECTIVE DATE	EXPIRATION DATE		
<b>January 22, 2007</b>	<b>November 9, 2010</b>	<b>This order remains in effect until revised or rescinded</b>		

**POLICY**

It is the policy of the Rockford Police Department to encourage citizens to participate in the Ride-Along Program. The Ride-Along Program affords citizens an opportunity to ride with an officer in the Patrol Division of the Field Services Bureau while the officer is engaged in patrol activities.

**PURPOSE**

The Rockford Police Department has a long-standing commitment to the development and improvement of positive police-community relations. A positive relationship between this Department and the citizens of our community is necessary to promote a climate of understanding and support for the delivery of law enforcement services

This Order is comprised of the following numbered sections:

- I. PROCEDURES**
- II. APPLICANT GUIDELINES**
- III. OFFICER’S RESPONSIBILITIES**
- IV. SUPERVISOR’S RESPONSIBILITIES**
- V. EFFECTIVE DATE**

**APPENDICES**

- A.** Application for Ride-Along program
- B.** Waiver of liability form
- C.** Rules and Guidelines of the Ride-Along program
- D.** Participant Evaluation form

**I. PROCEDURES**

- A.** The Deputy Chief of Field Services or his designee shall coordinate the Ride-Along program. Requests for participation in the Ride-Along program shall be directed to the Deputy Chief of Field Services. Requests must be submitted no earlier than 30 days and no later 48 hours prior to the date the participant wishes to ride. The Deputy Chief of Field Services may approve or deny any Ride-Along application.

- B.** Each individual wishing to participate in the Ride-Along program will be required to complete an application (Appendix A) and a written waiver of liability (Appendix B). Those applicants under 18 years of age will have the waiver executed by a parent or legal guardian.
- C.** The Deputy Chief of Field Services or his designee will conduct a criminal history check on all participants before their application is approved.
- D.** Only one Ride-Along Program participant will be allowed per patrol shift per day.
- E.** Ride-Along Program participants will only ride with patrol officers assigned to one of the patrol shifts. No riders will be permitted for specialized units such as Traffic, Gangs, Metro, Detectives, M3 Streets Team, etc. without written consent from the Chief of Police.
- F.** Each Ride-Along participant will read and agree to the Ride-Along Rules and Guidelines (Appendix C), before being allowed to ride with a patrol officer.
- G.** Participants will fill out the Participant Evaluation Form at the end of their ride-along and give the form to the officer they rode with.
- H.** Participants will ride for a period not to exceed 5 hours.

## **II. APPLICANT GUIDELINES**

- A.** General Public – May ride up to 2 times in a calendar year.
- B.** Officer’s Family – May ride up to 2 times in a calendar year.
- C.** Non-sworn civilian employees of the Police Department – May ride up to 2 times in a calendar year unless directly related to job performance.
- D.** 911 Center Employees – No set limit. A 911 Supervisor and the Deputy Chief of Field Services must approve each request.
- E.** Asst. City and States Attorneys or Fire & Police Commissioners – Approval from the Deputy Chief of Field Services or Shift Commander.
- F.** Student Interns – Students attending a two or four year Liberal Arts College majoring in Criminal Justice or a related field and who are completing an internship with the Department may ride as necessary to fulfill the requirements of their program. Intern assignments are coordinated through the Recruiting Section.

### **III. OFFICER'S RESPONSIBILITIES**

- A.** Officers will consider the safety of the citizen Ride-Along participant at all times. If the officer is sent to a call where conditions may present a clear danger to the ride-along citizen, the officer may drop off the rider at a safe public location before proceeding to the call. The officer may return and pick up the rider, or if delayed, make arrangements for the rider to be picked up.
- B.** Ride-Along participants not complying with the Rules and Guidelines of the Ride-Along Program shall be returned to the PSB and the ride-along terminated. The officer will notify the Shift Commander or Supervisor.
- C.** Officer's who have not completed their probationary period are prohibited from being assigned a citizen rider under the Ride-Along program.
- D.** Officers who have a Ride-Along participant assigned to them will provide the rider with every opportunity to observe the operations of the Department. Officers will courteously and patiently answer questions and present a positive image of the Department. Some questions, by their nature, cannot be answered due to security and confidentiality reasons and the officer should explain that to the participant.
- E.** Officers will put the Participants Evaluation Form, which is given to them by the rider, in the receptacle on the door of the Deputy Chief of Field Services at the end of their shift.

### **IV. SUPERVISOR'S RESPONSIBILITIES**

- A.** The Shift Commander or Acting Shift Commander should verify the identity of the participant when he/she reports for the ride-along. The participant should also acknowledge that they have read and understand the Rules and Guidelines form.
- B.** Assign the rider to an officer. If possible, male riders should be assigned to male officers and female riders assigned to female officers.
- C.** Conduct a brief exit interview with the participant at the end of their ride-along and answer any additional questions the citizen may have. Verify that the participant has filled out the Ride-Along Evaluation Form.

### **V. EFFECTIVE DATE**

- A.** The effective date of this Order is January 22, 2007

BY ORDER OF

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Chet Epperson  
Chief of Police



APPENDIX "A"

ROCKFORD POLICE DEPARTMENT

CITIZENS RIDE-ALONG PROGRAM APPLICATION

DATE REQUESTED \_\_\_\_\_

TIME REQUESTED 6:30AM-11:30AM, 11:30AM-4:30PM, 4:00PM-9:00PM, 9:00PM-2:00AM  
*Please circle times requested*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOC # \_\_\_\_\_

EMPLOYER OR SCHOOL ATTENDING \_\_\_\_\_

ARE YOU PRESENTLY A LAW ENFORCEMENT OFFICER? \_\_\_\_ YES \_\_\_\_ NO

ARE YOU CURRENTLY AN APPLICANT FOR ANY LAW ENFORCEMENT AGENCY?  
\_\_\_\_ YES \_\_\_\_ NO

ARE YOU A CURRENT EMPLOYEE, FORMER EMPLOYEE OR AFFILIATED  
WITH ANY NEWS MEDIA AGENCY? \_\_\_\_ YES \_\_\_\_ NO

*(If you answered yes to any of the above questions, please identify the name of the  
organization or agency)* \_\_\_\_\_

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? \_\_\_\_ YES \_\_\_\_ NO

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? \_\_\_\_ YES \_\_\_\_ NO

DO YOU AGREE TO FOLLOW AND OBEY THE RULES AND GUIDELINES ON THE  
RIDE-ALONG PARTICIPANTS FORM? \_\_\_\_ YES \_\_\_\_ NO

I authorize a criminal record check be completed in compliance with the guidelines of this  
program. I understand that the race, sex, date of birth, and social security number information  
recorded on this form is required to check my criminal record

\_\_\_\_\_  
**Signature of participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of parent or guardian  
if participant is under 18**



APPENDIX "B"

ROCKFORD POLICE DEPARTMENT

VOLUNTARY ASSUMPTION OF RISK AND  
RELEASE OF LIABILITY AGREEMENT

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in the Rockford Police Department Ride-Along Program. I have read, understood, and agree to abide by the Ride-Along Rules and Guidelines, attached hereto as Appendix C, regarding my required conduct and responsibilities with respect to the Ride-Along Program. INITIAL\_\_\_\_\_

**I AM AWARE THAT POLICE WORK IS INHERENTLY DANGEROUS** due to many factors and such factors, may at times, present a danger to me.  
INITIAL\_\_\_\_\_

I am voluntarily participating in this activity with knowledge of the danger involved and hereby assume full responsibility for the risk of bodily injury, death or property damage resulting from any aspect of my voluntary participation in the Rockford Police Department Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns.  
INITIAL\_\_\_\_\_

**I HEREBY WAIVE, RELEASE AND DISCHARGE FROM ALL LIABILITY THE CITY OF ROCKFORD, ILLINOIS**, its elected officials, officers, agents and employees from any and all claims, damages, cause of action, demands in law or in equity, resulting from the action or inaction of the City of Rockford, Illinois, its elected and appointed officials, officers, agents and employees, or otherwise resulting from any aspect of my voluntary participation in the City of Rockford, Illinois Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns.  
INITIAL\_\_\_\_\_

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND TO RELEASE THE CITY OF ROCKFORD, ILLINOIS FROM ALL LIABILITY RESULTING FROM MY PARTICIPATION IN THE RIDE-ALONG PROGRAM AND SIGN IT OF MY OWN FREE WILL.**

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If applicant under 18)

Witness Signature\_\_\_\_\_ Date\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public\_\_\_\_\_



## APPENDIX "C"

# ROCKFORD POLICE DEPARTMENT

## RULES AND GUIDELINES FOR CITIZEN RIDE-ALONG PARTICIPANTS

1. All participants in the citizen Ride-Along program must complete an application and waiver of liability form.
2. Approval and scheduling will be made by the Deputy Chief of Field Operations or his designee. The applicant will be notified by telephone or mail that the application has been approved or denied and, if approved, confirming the date and time to ride.
3. Participants must present a valid picture ID to the Shift Commander or Acting Shift Commander at the Public Safety Building, Patrol office, when reporting to participate in the program.
4. Because of the potential for police activity to escalate to a dangerous level, all participants will obey the directions and instructions of the officer they are assigned to. Participants will not be taken to a scene where there is potential for a clear and present danger to them. Under these circumstances, participants understand that the officer may drop them off at a safe, public location, to be picked up later by the assigned officer, or arrangements made for them to be picked up.
5. No video, photographic, audio, or recording devices of any kind are permitted unless directly approved by the Deputy Chief of Field Services.
6. Participants are prohibited from carrying any weapons during the ride along duration. You are instructed to remove and secure any knives or other types of weapons from your person before reporting for your scheduled ride-along.
7. In order to participate in the Ride-Along program, you must:
  - a. Be at least 16 sixteen years of age and have parental permission.
  - b. Authorize a criminal history/background check be conducted and successfully pass the criminal/background check.

8. **DO NOT** interfere in any way with the officer's handling of a situation. You may assist an officer if and only if, the officer asks for your help. Questions may be asked of a situation but only after it has been completed and the officer has left the scene.
9. Participants are not permitted to enter a private residence without the consent of the owner or occupant.
10. Citizens will be permitted to apply for and participate in the Ride-Along program a maximum of two (2) times in a calendar year.
11. Participants are expected to be neat and clean in appearance. Proper casual dress should be worn. No blue jeans, shorts, mini skirts, sweat pants, jogging attire, t-shirts with offensive design or language, or attire with any sports insignia or logos will be worn and are grounds for being denied participation. The above list is meant as a guideline only. Proper attire is at the discretion of the shift commander or acting shift commander.
12. The patrol shift commander or acting shift commander may cancel your participation in the Ride-Along program if your conduct, mental well being, or attire is determined not to be in your best interests or the best interest of the Department.
13. Participants will take a blank Participants Evaluation Form with them when they begin the ride-along program. At the end of their ride, they will fill out the form and give it to the officer they rode with.

The Rockford Police Department hopes that you enjoy your Ride-Along experience and find it beneficial.

Upon approval of your application, you will receive a telephone call or notice in the mail. If you receive a notice in the mail bring the notice with you when you report for your ride-along.

APPENDIX "D"

ROCKFORD POLICE DEPARTMENT

RIDE-ALONG PARTICIPANT EVALUATION FORM

Thank you for participating in the Rockford Police Ride-Along Program. At the end of your ride-along time, please take a few moments and fill out this evaluation form. Your comments will help us to continually evaluate the Ride-Along program.

Date of Ride-Along \_\_\_\_\_ Time of Ride-Along \_\_\_\_\_

Officer's name you rode with \_\_\_\_\_

Did the ride-along give you a better understanding of police work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did the officer answer all of your questions? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you recommend this program to others? \_\_\_\_\_ Yes \_\_\_\_\_ No

How would you rate the Ride-Along Program's effectiveness in giving citizen's a better understanding of a police officer's job, duties, responsibilities, and profession.

\_\_\_\_\_ Excellent                      \_\_\_\_\_ Satisfactory                      \_\_\_\_\_ Unsatisfactory

Comments:

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\_\_\_\_\_  
*Signature of participant*

