

MIDDLETON POLICE DEPARTMENT RIDE-ALONG APPLICATION

Please forward completed application to:

Middleton Police Department
 Attn: Community Awareness Officer
 7341 Donna Drive
 Middleton, WI 53562

SECTION 1: RIDE-ALONG APPLICANT INFORMATION			
LAST NAME	FIRST NAME		M.I.
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS			
DATE OF BIRTH	SEX	RACE	
BRIEFLY EXPLAIN YOUR INTEREST IN OUR RIDE-ALONG PROGRAM			
DO YOU ANTICIPATE APPLYING FOR THE POSITION OF POLICE OFFICER WITH OUR DEPARTMENT IN THE FUTURE?			
<input type="checkbox"/> Yes - In the next hiring process		<input type="checkbox"/> Yes - In the next 1-2 years	
<input type="checkbox"/> No		<input type="checkbox"/> Yes - I am at least 3 years from applying	
DATES PREFERRED (ALLOW 14 DAYS FOR APPLICATION PROCESSING):			
SHIFT PREFERRED:			
<input type="checkbox"/> 7am-3pm		<input type="checkbox"/> 3pm-11pm	
<input type="checkbox"/> 7pm-3am		<input type="checkbox"/> 11pm-7am	
SECTION 2: WAIVER OF LIABILITY			
In consideration of being permitted to ride in a vehicle owned and operated by the City of Middleton, or to accompany employees of the Middleton Police Department on any call, I understand that I will be required to sign a RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT (see next page). Please allow 14 days for application processing. You will be notified by phone or email if approved.			
Signature: _____		Date: _____	
Parent/Guardian Signature (required if under 18): _____			
SECTION 3: TO BE COMPLETED BY DEPARTMENT PERSONNEL			
DATE RECEIVED	ASSIGNMENT MADE BY		DATE SENT TO SUPERVISOR
<input type="checkbox"/> CAO		<input type="checkbox"/> Other: _____	
RECORDS CHECK COMPLETED?	IN-HOUSE	DRIVING RECORD	CIB
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCAP	FBI III		
<input type="checkbox"/>	<input type="checkbox"/>		
ASSIGNED OFFICER	SHIFT	DATE	HOURS
ADDITIONAL COMMENTS:			
SECTION 4: HOSTING OFFICER INFORMATION			
DATE/TIME OF RIDE-ALONG	SUPERVISOR APPROVAL		
OFFICER OBSERVATIONS/COMMENTS			

**RIDE-ALONG RELEASE, WAIVER OF LIABILITY AND
INDEMNIFICATION AGREEMENT - ADULT**

PLEASE READ CAREFULLY BEFORE MAKING A DECISION WHETHER TO SIGN.

City of Middleton Police Department law enforcement activities may involve exposure to dangerous individuals, traumatic or volatile situations, and/or dangerous weapons. As part of this ride-along opportunity, I understand that I am subjecting myself to certain risks, including damage to personal property, serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the City of Middleton, its employees, officers, officials, and/or agents, and a variety of circumstances including, but not limited to, the use of weapons, unlawful acts, forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire, and any other police-connected risk. In addition to the physical and emotional dangers, there exists the possibility of exposure to illnesses, including but not limited to potentially fatal blood borne pathogens such as HBV or HIV. I fully understand the risks. I also understand that I am solely and fully responsible for my actions.

I understand that my involvement in this activity is entirely voluntary and I freely choose to participate. I agree to conduct myself in a safe and appropriate manner at all times. I acknowledge that the City of Middleton does not provide any kind of medical coverage for me, should I be injured as a result of participation in this ride-along opportunity.

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

IN CONSIDERATION OF THE OPPORTUNITY TO BE PERMITTED TO RIDE-ALONG IN A VEHICLE OWNED AND OPERATED BY THE CITY OF MIDDLETON DURING USE IN ACTIVE DUTY POLICE WORK, I HEREBY WAIVE AND RELEASE THE CITY OF MIDDLETON, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MYSELF AS A CONSEQUENCE OF MY PARTICIPATION IN ANY RIDE- ALONG INCLUDING NEGLIGENT ACTIONS BY CITY OF MIDDLETON EMPLOYEES, BUT NOT INCLUDING ACTIONS BY MIDDLETON EMPLOYEES INTENDED TO CAUSE ME HARM. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN ANY RIDE-ALONG, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE CITY OF MIDDLETON, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, MY ACTIONS DURING PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN.

I acknowledge that I have read this entire one-page release, waiver of liability, and indemnification agreement and I fully understand it.

SIGNATURE OF PARTICIPANT

DATE

RIDE-ALONG RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT - MINOR

PLEASE READ CAREFULLY BEFORE MAKING A DECISION WHETHER TO SIGN.

City of Middleton Police Department law enforcement activities may involve exposure to dangerous individuals, traumatic or volatile situations, and/or dangerous weapons. As part of this ride-along opportunity, I understand that I am subjecting myself to certain risks, including damage to personal property, serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the negligence of the City of Middleton, its employees, officers, officials, and/or agents, the conditions existing at the time, and a variety of circumstances including, but not limited to, the use of weapons, unlawful acts, forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire, and any other police-connected risk. In addition to the physical and emotional dangers, there exists the possibility of exposure to illnesses, including but not limited to potentially fatal blood borne pathogens such as HBV or HIV. I fully understand the risks. I also understand that I am solely and fully responsible for my actions.

I understand that my involvement in this activity is entirely voluntary and I freely choose to participate. I agree to conduct myself in a safe and appropriate manner at all times. I acknowledge that the City of Middleton does not provide any kind of medical coverage for me, should I be injured as a result of participation in this ride-along opportunity.

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION - MINOR

IN CONSIDERATION OF _____, A MINOR, BEING PERMITTED TO RIDE-ALONG IN A VEHICLE OWNED AND OPERATED BY THE CITY OF MIDDLETON DURING USE IN ACTIVE DUTY POLICE WORK, I, INDIVIDUALLY AND AS A PARENT AND NATURAL GUARDIAN OF SAID MINOR, HEREBY WAIVE AND RELEASE THE CITY OF MIDDLETON, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO THE ABOVE-NAMED MINOR AS A CONSEQUENCE OF THE ABOVE-NAMED MINOR'S PARTICIPATION IN ANY RIDE-ALONG INCLUDING NEGLIGENT ACTIONS OF CITY OF MIDDLETON EMPLOYEES, BUT NOT INCLUDING ACTIONS BY MIDDLETON EMPLOYEES INTENDED TO CAUSE THE ABOVE-NAMED MINOR HARM. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN ANY RIDE-ALONG, THE ABOVE-NAMED MINOR AND UNDERSIGNED PARENT/GUARDIAN AGREES TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE CITY OF MIDDLETON, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, THE ABOVE-NAMED MINOR'S ACTIONS DURING PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN.

I acknowledge that I have read this entire one-page release, waiver of liability, and indemnification agreement and I fully understand it.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

MIDDLETON POLICE DEPARTMENT
Ride-along Rules & Acknowledgements

In the interest of public safety and the efficient operation of the department, the ride-along rules and acknowledgements set forth below must be strictly adhered to:

1. Participation in our department's ride-along program is limited to two four-hour observations per year.
2. Observers shall be under the immediate and direct control of the officer to which they are assigned and must obey that officer's direction at all times.
3. Participants shall not consume alcohol or use any restricted controlled substances prior to or during the ride-along.
4. Dress appropriately in business casual attire during the ride-along. Avoid jeans, logo t-shirts, sandals, etc. The shift supervisor may cancel the ride-along due to inappropriate attire.
5. Observers are not to engage in any police activity or handle department equipment unless expressly directed to do so by an officer.
6. Observers are not to be armed with any manner of weapon.
7. Participants are to be identified upon request as observers only, and in no way shall it be implied that they have any police power.
8. If at any time during an observation period the assigned officer or the officer in charge determine that it is appropriate to terminate the ride-along, the observer must immediately comply.
9. Cameras and other recording equipment will not be permitted unless express permission is granted by the Chief of Police or their designee.
10. All participants must agree not to discuss names of persons involved in police cases or incidents. Further, it is essential that all matters pertaining to evidence or information gathered in investigations be kept confidential. Non-compliance will result in expulsion from the ride-along program.
11. Participants may be subject to court subpoena as a witness for events that they observe during the ride-along.

By signing below, the participant agrees to the rules and acknowledgements listed herein:

Signature

Date