SPARKS POLICE

Chris Crawforth, *Chief of Police*

The work and activities of law enforcement officers is inherently dangerous. Strict adherence to the following guidelines is necessary to safeguard participants and to minimize the possibility of interference with normal Department activities and obligations. Ride-Along participants will:

1. Report to the Sparks Police Department at 1701 E. Prater Way on the assigned date and time. If unable to make the scheduled date and time, please call and cancel.
2. Present a neat and clean appearance and wear appropriate apparel, which will consist of pants and shirts with a collar and sleeves. Examples of unacceptable attire are: dresses, skirts, t-shirts, tank tops, sandals, jeans, thongs, tennis shoes or high heels. Clothing or jewelry that could be offensive to the public, the department, or the city will not be allowed. Tattoos that could be offensive will be covered during the ride-along and any visible body piercing must be covered, and the studs removed.
3. Wear no clothing or headgear (i.e., hats) that could create a perception that the ride-along is a law enforcement employee. This includes police logos, patches, badges, insignia, writings, words, phrases, or pictures, Sam Browne belt, basket weaver leather, flashlights, handcuffs, or any other police-related equipment.
4. Not participate while carrying a firearm, unless you are a sworn law enforcement officer (identification required).
5. Not possess or use cameras, video equipment, cell phones for taking photos or video, or any other recording devices during the ride-along.
6. Provide the assigned officer with proper identification prior to the ride-along.
7. Provide for your own meal/breaks during the ride-along, if applicable.
8. Follow instructions of the assigned and other officers for your safety.
9. Not participate in any law enforcement action or act in a police officer capacity.
10. Not converse with prisoners, suspects, witnesses, victims, media personnel, or other persons contacted during ride-along unless directed by the assigned officer.
11. Not interfere with assigned officer while he/she is conducting law enforcement activities. While you are encouraged to ask questions, please do so at the appropriate time.
12. Wear safety belts always while the vehicle is in motion.
13. Stay in the vehicle unless otherwise instructed.
14. Any deviation from these guidelines or an officer's instructions may result in the immediate termination of the ride-a-long's participation.
15. Per Sparks Police Department Policy, Ride-A-Longs are allowed only once (1) every six months, unless using a Multiple Ride Waiver (example, Citizens Academy).
16. Juvenile Ride-A -Long must be 16 years of age. The attached form must be signed by the parent/guardian and a copy of the parent/guardian's driver's license must accompany the request.
17. I fully understand that if any potentially hazardous situation arises during my ride-along, I must discontinue with the ride-along and exit the patrol vehicle.

18. If you agree to all the above guidelines, please sign and date.

Signature:_____ Date: _____

19. Then complete the attached Ride-Along Waiver form, *legibly and completely*, and *return both forms to the Sparks Police Department* via mail or in person. The application will be reviewed, and a criminal history check will be conducted. Once this has been completed, you will be contacted to schedule a date and time.

    If you have any questions, please contact the Terminal Agency Coordinator at (775) 353-2241 Ext. 5551.

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Ride-Along Waiver ADULT

I, _____

(Please Print: First Middle and Last Name)

Date of Birth: _____ Social Security Number: _____ Phone: _____

Address: _____

City/State/Zip: _____ Email: _____

Why do you wish to ride-along? _____

_____

Days and hours of availability for ride along: _____

_____

I hereby release, discharge, exonerate and hold harmless all Criminal Justice Agencies, including the Sparks Police Department, its agents and representatives and any person furnishing information, from any and all liability of every nature and kind arising out of the dissemination and inspection of my records of criminal history.

I hereby agree to indemnify the City of Sparks and every officer and employee thereof from any demand whatsoever that may be made by any other party as a result of my ride-along(s).

I fully understand that if any potentially hazardous situation arises during my ride-along, I must discontinue with the ride-along and exit the patrol vehicle.

I fully understand that without express consent from the Sparks Police Department, I will not take any photographs or video images during my ride-along.

I do hereby release the City of Sparks, the Chief of Police of the Sparks Police Department and every Police Officer and employee of the Sparks Police Department from any and all claims, demands, causes of action or any liability whatsoever that I or my heirs or successors may have by reason of my ride-along with a Sparks Police Officer in a patrol car on the date set below:

_____

Signature of Person Requesting Ride-Along Date

Request to ride with Officer _____

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For Official Use Only: Check box if completed: ☐NCIC/NCJIS ☐DMV ☐III (Purpose Code: C) ☐RMS
(Attach all printouts.)

_____

Supervisor Approving Ride-Along Date

Date of	# OF HOURS	DAY/SWING/GRAVEYARD SHIFT (TIME-AM/PM)	Officer Conducting Ride-Along
_____/	_____/	_____/	_____

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