



BELGRADE POLICE DEPARTMENT

Thomas B. Quaw Square
91 East Central Ave.

Dustin Lensing
Chief of Police

PRINT:

Name: _____ (“Applicant”) Phone: _____
(Last, First, Middle)

SEX: M F DOB: _____ SSN: _____

AGE: _____ HGT: _____ WGT: _____ HAIR: _____ EYES: _____

Address: _____
(Street, City, State, Zip)

Emergency Contact: _____ Emergency Contact Phone: _____

Please circle a requested general shift time you would like to ride along

Nights Weekdays (Monday-Thursday) Nights Weekends (Friday-Sunday)

Day Weekdays (Monday-Thursday) Day Weekends (Friday-Sunday)

****APPLICANT MUST FURNISH A VALID PHOTO ID****

Please state the reason you wish to ride along with the Belgrade Police Department (If you need more room, use back)

AGREEMENT AND RELEASE

I understand that I have asked the Belgrade Police Department (“BPD”) for permission to ride as an observer (“ride along”) in an authorized BPD vehicle for the purpose of my educational benefit. I understand that the BPD may do a check of my background. If permission is granted, I will be a guest passenger and have not offered any payment to the BPD. In addition, I agree to obey all instructions of the BPD staff including the non-disclosure of any information I receive during the ride along. I realize and appreciate the nature of law enforcement work and I have knowledge of the risks and dangers involved in ridding along with the BPD including motor vehicle accidents. I fully accept those risks. I understand that the approval or disapproval of my ride along lies solely with the supervisor on duty or on call. In consideration of the educational benefit I agree to hold harmless the City of Belgrade, the BPD and all of their agents and employees from any liability to me for death, personal injury or property damage arising out of my participation in the ride along. In addition, I agree to indemnify and defend the City of Belgrade, the BPD and all of their agents and employees against any claim or suit based on my acts or conduct during the ride along.

Date: _____ Signature: _____

PHONE: (406) 388-4262

www.belgradepolice.net
Email: generalinfo@belgradepolice.net

FAX: (406) 388-4708



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SWORN OFFICERS

Agency Name and Address: _____

Are you planning on carrying your service weapon? Y N (If yes, complete the following)

Weapon Make: _____ Model: _____ Caliber: _____

Brand of Ammunition: _____

If the above person is under the age of eighteen years, the Chief of the Belgrade Police Department or his/her designee must first approve the ride along. The minor's parent or guardian must also read, approve and sign the Parental Consent Agreement and Release on the back of this form:

PARENTAL CONSENT AGREEMENT AND RELEASE

As the parent or guardian of the above-named minor I consent to the ride along with the BPD and any background check that the BPD may conduct. On behalf of the minor, I agree as follows. I understand that I have asked the Belgrade Police Department ("BPD") for permission for the minor to ride as an observer ("ride along") in an authorized BPD vehicle for the purpose of an educational benefit. If permission is granted the minor will be a guest passenger and no one has offered any payment to the BPD. In addition, the minor will obey all instructions of the BPD including the non-disclosure of any information received during the ride along. I realize and appreciate the nature of law enforcement work and I have knowledge of the risks and dangers involved in riding along with the BPD including motor vehicle accidents. I fully accept those risks. I understand that the approval or disapproval of the ride along lies solely with the sergeant on duty. In the consideration of the educational benefit, I agree to hold harmless the City of Belgrade, the BPD and all their agents and employees from any liability for death, personal injury or property damage arising out of participation in the ride along. In addition, I agree to indemnify and defend the City of Belgrade, BPD and all of their agents and employees from any claim or suit based on the acts or conduct of the minor during the ride along.

Date: _____ Signature: _____
(Parent or Guardian)

(Internal Use Only)

Officer Assigned: _____

Approved by Sergeant: _____

Approved by the Chief of Police or Designee (For Minors): _____



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BELGRADE POLICE DEPARTMENT RIDE-ALONG PROGRAM

INSTRUCTIONS TO PARTICIPANT

The Ride-Along Program is being offered to you as a privilege by the Belgrade Police Department. As a participant in the program, you are expected to initial and adhere to the following:

- _____ 1. You **must** sign a Belgrade Police Department Ride-Along Program Application and Waiver/Hold Harmless form prior to participating in this program. Persons under 18 years of age must have the form signed by a parent or legal guardian. The waiver must be signed and submitted in person. No one under the age of 18 may participate in the program unless authorized by the Chief of Police or designee.
- _____ 2. Please wear conservative clothing suitable for contacting the public and the weather conditions. Tank tops, sleeveless shirts, exposed midriffs, cut-off shorts, worn out jeans and high heel shoes are not acceptable clothing. Clothing described as business casual is recommended.
- _____ 3. Audio and video recorders, cameras and camera phones **will not** be allowed unless authorized by the Chief of Police or designee.
- _____ 4. It is important that you do not interfere in the officer's activities. Please hold any questions you may have until after the officer has completed the call or is no longer in contact with a victim, suspect, prisoner or witness. Please note that the officer may not be able to answer your questions at the time you ask; and/or due to privacy concerns, may not be able to fully answer your questions.
- _____ 5. You may not engage in any police activity unless specifically directed by an officer and may not be armed with any type of weapon, as defined under Montana Code Annotated §45-2-101(79) or carry on your person any "defensive" chemical propellant or electronic control device (Taser or similar item).
- _____ 6. You may not leave the police car or talk with victims, prisoners, suspects, witnesses or other persons contacted regarding police business without first obtaining permission from the officer.
- _____ 7. Depending on the circumstance(s), you may be dropped off at a safe location during your ride along and either retrieved by another officer or a friend or family member.



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- _____ 8. You are riding in the capacity of an observer only. The officer is in complete control at all times.
- _____ 9. Keep in mind that you may be listed as a witness to a criminal incident, which may require you to complete written and/or taped statement, as well as require you to appear before a court of law to testify on behalf of the State of Montana.
- _____ 10. You may ride only once every twelve (12) months. This gives an opportunity to others that may wish to ride.
- _____ 11. I understand the approving supervisor can deny the ride along without cause or explanation to the applicant.
- _____ 12. Failure to adhere to the above rules will result in termination of the ride and may result in suspension of all future ride requests.