

**Fond du Lac Police Department
Volunteer ride-along program**

Name _____

Present Address _____ Phone _____

Home Address _____

Birth Place _____ Age _____ Date of Birth _____

Sex _____ Hgt _____ Wgt _____ Eyes _____ Hair _____

Drivers License # _____

Emergency Contact Person: Name _____ Phone _____

Address _____ Relationship _____

Do you need any accommodations in order to participate in this program [yes] [no]

If YES, explain: _____

Have you ever been convicted of a crime other than a traffic offense [yes] [no]

If YES, explain: _____

Will you submit to a background or criminal history check? [yes] [no]

Reason for volunteering for ride-along program _____

Period requested (dates) FROM _____ to _____ total hours _____

Witness/Officer Date

Applicant's Signature Date

I give permission for my son/daughter (circle one), who is 16 years to 18 years old, to participate in the Fond du Lac Police Department Ride-Along Program.

Parent's Signature Date

Fond du Lac Police Department

Ride-Along Program

Code of Conduct

Any volunteer or ride-along that violates Police Department Policy or commits any of the following breaches of conduct shall be subject to immediate dismissal from the program:

1. Any use of drugs or intoxicating beverages 12 hours prior to or during a scheduled shift.
2. Uses, carries, or conceals any firearm or other type of weapon including a baton, mace, or other like chemical device during a scheduled shift.
3. Uses, carries, or conceals any camera or tape-recording device during a scheduled shift unless otherwise authorized to do so.
4. Unauthorized use of Department equipment or supplies, willful misconduct, or failure to comply or carry out instructions of supervising officer(s).
5. Releases or disseminates any information about any investigation, suspect, victim, officer, or incident without the written approval of the Chief of Police.
6. Conviction of a felony or gross misdemeanor or conviction of a misdemeanor or ordinance violation involving physical abuse, the use of firearms, drugs, alcohol, or moral turpitude.
7. Discourteous, insulting, abusive, or inflammatory language or conduct toward the public or department employees.
8. Participates or is directly involved in any law enforcement function or activity unless so directed by their supervising officer(s) or to prevent bodily harm to themselves or others.
9. Failure to maintain good hygiene or wear appropriate attire.
10. When so directed or required, fails to complete written statements, forms, or documents, withholds testimony, or provides false information.
11. Immorality, indecency, lewdness, or conduct that may tend to bring disrespect to the Fond du Lac Police Department.
12. Interferes in any manner or means with any law enforcement officer in the performance of his/her duties.

I have read and understand the Fond du Lac Police Department's **CODE OF CONDUCT** as it applies to volunteer ride-alongs. I agree to adhere to the Code of Conduct and Police Department policy.

I understand that any breaches of the Code of Conduct or Police Department policy is cause for immediate dismissal from the Volunteer Ride –Along Program.

Applicant's Signature

Date

Fond du Lac Police Department

Confidentiality Acknowledgement

While volunteering with the Fond du Lac Police Department, you may have access to information which is confidential or private and may not be disclosed to anyone except as permitted or required by law.

Confidential information includes, but is not limited to, medical and certain other personal information about the children we serve and client records or videotape recordings of interviews made relative to specific cases.

If you have any questions concerning the confidentiality or disclosure of information, you should contact Jeremy Ojibway, Director of Law Enforcement.

By signing this confidentiality statement, you acknowledge that:

1. You are obligated to hold confidential information in the strictest confidence and shall not disclose that information to any person in any manner which is contrary to law.
2. Your confidentiality obligation shall continue indefinitely, including at all times after the completion of your ride-along with the Fond du Lac Police Department.
3. Impermissible disclosure of confidential information about a person may result in legal action taken against you by or on behalf of that person.
4. You have read and understand this confidentiality statement and have received a copy for your records.

Witness

Applicant's Signature

Date

Fond du Lac Police Department

Ride Along Program

Data Privacy Advisory

The Privacy Act of 1974, 5 U.S.C. section 552, and the Minnesota Government Data Practices Act, Minnesota Statutes Section 13.04, Subdivision 2, require that when you are requested to provide private or confidential data about yourself, you are to be informed of:

1. The purpose and intended use of the requested information.
2. Whether you may refuse or are legally required to supply the information.
3. Any known consequences to you of providing the information or refusing to provide the information, and
4. The identity of other persons or agencies authorized by state or federal law to secure the information.

ADVISORY

In accordance with the Privacy Act and Minnesota Government Data Practices Act, the Fond du Lac Police Department advises you of the following:

Purpose

The information requested of you in this application process is intended to be used to determine your suitability for participation in the Fond du Lac Police Department's Volunteer Ride-Along program. The Police Department routinely handles confidential and/or sensitive matters, which require safeguards to prevent the unauthorized disclosure of information or the misappropriation of funds, evidence or other property.

Refusal to Supply Data and Consequences

You are not legally required to provide any of the information requested. Your refusal to supply the requested data, however, will result in your application being removed from consideration. Participation in the Ride-Along program is a privilege that falls completely under the control and direction of the police department.

Intended Use

For the most part, the information requested of you is intended for identification and notification (scheduling) purposes. Provision is also made for necessary

accommodations under the Americans with Disabilities Act. Information pertaining to prior criminal history (full name, DOB) will be used to verify drivers license status and to conduct any necessary background and wants/warrants inquiries.

Release of Data Supplied by You

1. You and persons who have your express, written consent.
2. Fond du Lac Police Officers and department staff members whose jobs require them to have access to the information for identification and notification purposes. These officials include: the Chief of Police, your program supervisor(s) (supervising officers), and police department officer staff.
3. Persons, organizations and governmental agencies other than the Fond du Lac Police Department or the Fond du Lac Band, may receive the data that you supply if they have the statutory or judicial authority to gain access. These include, but are not limited to: Law Enforcement agencies, contracting parties, official agencies of the state or federal governments and courts.

SIGNATURES

I informed _____ of the provisions of this
Applicant's Name

Advisory on _____, at _____ (a.m.) (p.m.)
Date Time

I acknowledge receipt of this Advisory,

Signature of Applicant

Date

Fond du Lac Police Department Ride-Along Program

NAME _____ Date _____

Start Time _____ (a.m) (p.m.) End Time _____ (a.m.) (p.m.)

TIME SPENT _____ Hours/Minutes

	Poor									Excellent
APPEARANCE	1	2	3	4	5	6	7	8	9	10
ATTITUDE	1	2	3	4	5	6	7	8	9	10

Activities:

Traffic Enforcement _____

Investigations _____

Ordinance Enforcement _____

Other _____

SUPERVISOR (Initials) _____ **RIDE-ALONG (Initials)** _____

**Fond du Lac Police Department
Volunteer ride-along program**

RIDE ALONG NAME: _____

DATE RECEIVED: _____

DATE ASSIGNED: _____

ASSIGNED TO WHO: _____

DATE RIDE ALONG COMPLETED: _____

APPROVED BY: _____

DATE

OFFICER SIGNATURE

RIDE ALONG SIGNATURE