



VILLAGE OF SCHAUMBURG

PATROL RIDE-ALONG APPLICATION

SCHAUMBURG POLICE DEPARTMENT

1000 W. Schaumburg Road, Schaumburg, IL 60194

Phone 847.882.3586 Fax 847.923.2391

www.villageofschaumburg.com

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone Number: _____

Drivers License #: _____

E-mail Address: _____

How long have you lived at present address: Years _____ Months _____

Previous address, if at present address less than five years:

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Employer or School: _____

Employer's Address: _____

Telephone Number: _____ Length of employment: _____

Personal reference that we may contact: Name: _____

Address: _____ Telephone Number: _____

Reason you wish to participate in a Patrol ride-along:

Check this box if you are currently an applicant for the police department.

All applicants must be at least 18 years of age and live or work in the Village of Schaumburg. A background check will be conducted on each applicant. The Schaumburg Police Department reserves the right to deny a ride-along based on this application and/or findings from the background check.

All information on the above application is true and accurate. I authorize the Schaumburg Police Department to conduct a criminal background check based on this application.

Applicant Signature: _____ Date: _____

Please return completed applications (all three pages) to:

**Schaumburg Police Department
1000 W. Schaumburg Rd.
Schaumburg, IL 60194
Attn: Community Relations Supervisor**

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RELEASE AND INDEMNIFICATION

IN CONSIDERATION of being permitted to participate in the Schaumburg Police Department Ride-Along Program, I, for myself and personal representatives, heirs, next of kin, hereby releases, waives, discharges and covenants, not to sue the Village of Schaumburg, its Police Department, its officers, agents or employees, from all liability to myself, my personal representatives, assigns, heirs and next of kin for all loss or damages, in any claim or damage therefore on account of injury to the person or property or resulting in the death of myself, whether caused by the negligence of the Village of Schaumburg, its Police Department, its officers, agents or employees while I am participating in a Ride-Along Program.

I agree to indemnify the Village of Schaumburg, its Police Department, its officers, agents or employees from any loss, liability, damage or cost I may incur due to my presence in or on the Ride-Along Program whether caused by the negligence of the Village of Schaumburg, its Police Department, its officers, agents, or employees, or otherwise. I hereby assume full responsibility for and risk of bodily injury, death or property damage or otherwise while in or on the Ride-Along Program. I agree that this Release Waiver and Indemnity Agreement are intended to be as broad and inclusive as permitted by the laws of the State of Illinois.

I further release all employees, representatives or agents of the Village of Schaumburg from any claim whatsoever on account of first aid, treatment or service rendered me during participation as a result of the Ride-Along Program.

I certify that I am at least 18 years of age and agree to allow the Schaumburg Police Department to conduct a background check prior to participating in the Ride-Along Program.

I have read the restrictions on the reverse side and agree to abide by them during the Ride-Along.

This Release contains the entire agreement between the parties to this Agreement and the terms of this Release are contractual and not a mere recital. I further state that I have carefully read the above release and know the contents of the Release and sign this Release of my own free will.

Applicant Signature _____ **DATE** _____

Additional Signature _____ **DATE** _____

RESTRICTIONS

1. Persons participating in a ride-along are allowed to observe but are prohibited from taking action except: a.) When directed by a police officer to come to his or her aid as defined in Chapter 720, Section 5/31 of the Illinois Compiled Statutes, b.) When the participant is a sworn police officer from another agency, or c.) When the participant is a student intern taking part in a training program which requires direct participation.

2. The participant shall not enter the home of a victim, shall not be allowed access to a crime scene or accident scene, and shall not accompany police on hazardous police activities, such as raids or hostage situations.

3. The participant shall not enter the prisoner lock-up area.

4. The use of still or video cameras or other recording devices during a ride-along by the participant is prohibited.

5. During the ride-along, the participant shall not engage in any activity intended to further enhance the participant's political candidacy such as photo opportunities, field interviews, distribution of political brochures, etc.

6. During the ride-along, the participant shall not engage in any activity intended to further enhance the participant's personal financial gain, such as soliciting business, distributing advertisement brochures, fliers, or, business cards.

I have read the Restrictions and agree to abide by them during the ride along.

Applicant Signature _____ **DATE** _____

Additional Signature _____ **DATE** _____

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Non-Disclosure Agreement

I **WILL NOT** discuss any of the following information with any unauthorized individuals:

1. Law Enforcement Agencies Data System (LEADS) information.
2. Illinois Secretary of State information.
3. Criminal History (CQH / CHRI) information.
4. Any juvenile related information.
5. Any information of a sensitive nature related to on-going investigations.
6. Any criminal Intelligence information.

Applicant Signature _____ **DATE** _____

Additional Signature _____ **DATE** _____

If your application is approved, you will be contacted to schedule the date and time of your ride-along

The ride-along can be cancelled at any time (including during the ride along) by the Chief of Police, Community Relations Supervisor or Watch Commander.

FOR POLICE DEPARTMENT USE ONLY BELOW THIS LINE

Ride-Along APPROVED / DENIED

Comm Relations Supv / Watch Cmdr Signature _____ **DATE** _____

Officer Assigned _____ **Date Scheduled** _____ **Time Scheduled** _____

Ride-Along Completed _____ **Cancelled** _____ **Citizen did not participate** _____

Patrol Supervisor Signature _____ **DATE** _____