



# SPIRIT LAKE POLICE DEPARTMENT

6159 W. MAINE ST. SPIRIT LAKE, ID 83869  
PHONE (208) 623-270\* FAX (208) 623-6155  
WWW.SPIRITLAKEID.GOV

## Ride-Along Program Request

To participate in the Spirit Lake Police Department's Ride-Along Program, the following must be completed:

1. Complete and sign the Ride-Along Program Request
2. Sign the Waiver of Liability\*
3. Read and sign the Confidentiality Agreement

\*Minors must have the Waiver of Liability signed by a parent/guardian in the presence of SLPD Staff and show proof of identification in the form of a State Issued ID Card or Driver's License.

*All applicants will be subject to a thorough criminal history background check prior to participation in the program. The Spirit Lake Police Department reserves the right to disqualify any applicant based on the results of their background.*

### INSTRUCTIONS

1. Riders shall be under the command of the Department Officer or Employee
2. Riders shall remain seated with their seatbelt buckled at all times while in a moving Department vehicle.
3. Riders are allowed to observe operations only from a Department vehicle, command post, or location directed to by the Department Officer/Employee and/or Incident Commander
4. While every effort will be made to ensure your safety, Department personnel's primary responsibility will be to carry out their assigned duties. For everyone's safety, all riders must immediately and without question comply with any orders or directions given by Department Personnel.
5. Under no circumstances will a rider participate in any operational activity or enter any hazardous area unless directly instructed to do so by their supervising Department Officer or Employee.
6. Riders shall wear suitable attire as in a collared shirt, blouse or jacket, slacks or khakis and full toe shoes. Sandals, T-shirts, tank tops, hooded sweatshirts, shorts and blue jeans are not permitted. Hats and ball caps will not be worn in the police vehicle. Men must also adhere to SLPD Policy regarding facial hair. Women with long hair must have it up and secured. Ride alongs may be refused to anyone not properly dressed.
7. Riders shall not be armed during their tour with any weapon, regardless of specialized carry permits, unless pre-approval is issued by the proper supervisor.

### Applicant Information:

Rider's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden or Alternate Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

What is your interest in participating in the program? \_\_\_\_\_

\_\_\_\_\_

Date you are requesting to Ride-Along: \_\_\_\_\_ Time: \_\_\_\_\_

I have read and understand the instructions for the Ride-Along Program of the Spirit Lake Police Department. The above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

If the rider is under the age of 18, a parent/guardian must consent on behalf of the minor and join in the agreement as evidence by signature:

\_\_\_\_\_  
Signature of Parent/Guardian

*(For Department Use Only \*\* USE PURPOSE CODE C TO RUN III\*\*)*

<b>APPROVED BY SLPD SUPERVISOR?</b> [ Y ] [ N ]	<b>Applicant has completed:</b>
Signature of Supervisor: _____	<input type="checkbox"/> Waiver of Liability <input type="checkbox"/> Confidentiality Waiver



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## Confidentiality Agreement

### CONFIDENTIALITY POLICY

#### Scope

Given the nature of Law Enforcement/Emergency Services, it is imperative that the confidentiality of each individual encountered is maintained at all times by all persons employed, volunteering or participating in Department-approved activities, hereinafter referred to as "personnel".

#### Purpose

This policy prohibits confidential and/or privileged information as defined by the Federal government (e.g. Health Insurance Portability & Accountability Act) from being accessed, disclosed, or released in any format (e.g. verbal, written, or electronic) to or by any person/entity that does not have a "need to know" without the proper consent of the individual/patient involved and the Spirit Lake Police Department.

#### Procedures

1. Situations in violation of the policy include, but are not limited to:
  - a. "Loose" talk among personnel regarding privileged/private/sensitive information about any patient, fellow employee, suspect, victim, or involved individual.
  - b. Allowing unauthorized access of Department computers to confidential individual information or employee personal information.
  - c. Sharing of information acquired by personnel in the course of their work or Department-approved activity to others who do not have a need to have the information; accessing information that the individual doesn't have the authority to access in the course of their work or Department-approved activity, or doesn't have a need to know or carry out their job duties.
  - d. Sharing of information relative to confidential Human Resource matters.
  - e. Discarding confidential documents in a non-secured trash.
2. Any individual's information must not be accessed, removed, discussed with, or disclosed to unauthorized persons, either within or outside of the Spirit Lake Police Department, without the proper consent of the individual and the Department.
3. Personnel may not access, release or discuss the medical information of other personnel without proper consent, unless personnel must do so to carry out specific job assigned functions.
4. Personnel will at all times protect the privacy and confidentiality of the information entrusted to their care. Violation of this policy is cause for disciplinary action up to and including dismissal, termination, and criminal or civil penalties.

I have read and understand the Spirit Lake Police Department's Confidentiality Policy. I understand that by participating in the Ride-Along Program, I must hold patient, suspect, victim, personnel, and Department information in confidence. I further understand that violations of this policy are cause for exclusion from any future Department participation in the Ride-Along Program.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## WAIVER OF LIABILITY

### Applicant Information:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Do you have any disabilities? [ ] Yes [ ] No If yes, please describe below:  
\_\_\_\_\_  
\_\_\_\_\_

For and in consideration of the undersigned being given the opportunity to observe the operations of the Spirit Lake Police Department by participating in the Spirit Lake Police Department's Ride-Along Program the undersigned, in order to participate in this program, hereby recognizes and assumes any and all risks pertaining thereto. To that end, the undersigned hereby releases, acquits, discharges and covenants to hold harmless the Spirit Lake Police Department, the City of Spirit Lake, its elected officials, officers and all other personnel for the Spirit Lake Police Department and the City of Spirit Lake from any and all actions, causes of actions or claims of liability, damages or injury, in any form whatsoever, whether known or unknown, arising on account of, or in any way growing out of, the undersigned's participation in the Spirit Lake Police Department's Ride-Along Program. The undersigned further agrees that this Waiver of Liability shall forever discharge any and all claims of liability of his/her heirs, dependents and assigns.

In executing this Waiver of Liability, the undersigned acknowledges and agrees that participation in the Spirit Lake Police Department's Ride-Along Program can be physically demanding and working on/with/around law enforcement equipment, even with supervision, involves the potential, however slight, for serious injury and/or death. The undersigned agrees that participation in this program is a personal choice and by choosing to allow said minor to participate assumes the risks involved.

It is also understood that that the possibility exists that tragic events and/or accidents may be witnessed if riding along on an emergency call. While the Spirit Lake Police Department will provide reasonable supervision and accommodations, as well as take all reasonable safety precautions, it is understood that the Spirit Lake Police Department, the City of Spirit Lake, its elected officials, officers and all other personnel make no guarantee of the safety for the undersigned during this program.

Participant's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Witnessed by SLPD (printed name): \_\_\_\_\_

Witnessed by SLPD (signature): \_\_\_\_\_