

Application For Ride-Along

The City's Ride-Along Program allows private citizens an opportunity to get a close-up view our of police, fire, and public works departments. Ride-alongs help promote positive community relations and are also a great learning tool for individuals interested in police, fire, or public works careers.

Only eligible individuals will be considered for participation in the Ride-Along Program. Because of data privacy rights, confidentiality issues, and operational security issues, all applicants must complete a background check prior to being approved. Ride-along requests for minors must be signed by a parent or guardian.

To be considered for a ride-along opportunity, please complete this application, which includes a data practices rights advisory, a confidentiality agreement, and a waiver of claims/release of liability agreement. All application materials must be submitted in person at least three days prior to your desired ride-along date. If the candidate is a minor, both the minor and a parent or legal guardian must present when submitting the materials.

Approval of ride-along is subject to background check results and staff availability.

I am requesting consideration for a ride-along with the following department (please check box):		<input type="checkbox"/> Police	<input type="checkbox"/> Fire	<input type="checkbox"/> Public Works
Desired time of ride-along (please check boxes):		<input type="checkbox"/> Day	<input type="checkbox"/> Night	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Name (Last)		(First)		(Middle Initial)
Date				
Street address		City		State Zip
Phone	Alternate phone	Email		
Date of birth	Driver's license number	State		
In case of emergency, contact (full name)		Relationship		
Address		Phone		
Have you participated in a ride-along program before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list date(s) and sponsoring agency(ies)		
Are you affiliated with any police, fire, or other public safety agency(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list those affiliations		
What are your reasons for requesting to participate in a ride-along program?				
Sponsoring officer (If applicant does not have a sponsoring officer, supervisory personnel will attempt to locate an appropriate sponsor.)				
By signing this application, I acknowledge I have read this document and agree to be bound by the provisions of the City's Ride-Along Policy if selected for participation in the Ride-Along Program.				
Applicant signature			Age	Date
If applicant is under the age of 18, a parent or guardian must co-sign this application.				
Parent/guardian name		Parent/guardian signature		Date

→ continued



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.



Application For Ride-Along

Data Practices Advisory Tennessee Warning

As an applicant for a ride-along with a City Department, you are being asked to provide information about yourself which will be used in consideration of your application. The purpose of this request for information is to obtain information to permit the City to make basic checks in regard to the possible existence of a criminal record, outstanding warrants(s), or orders for protection. The City requests that you sign these documents and provide the requested information to be considered for a ride-along. You are not required to provide any information requested in these materials. However, if the requested information is not furnished, your application will not be processed and a ride-along will not be permitted.

The data you are being asked to provide is defined under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Under the Data Practices Act, some of this data is classified as public data, the remaining information classified as private or confidential. Private data is available only to you and city officials and agencies with a bona fide need to know such information to process and make a decision on the approval of your application. Public data is available to anyone requesting it and consists of all data furnished in the application process that is not designated private or confidential. The purpose and intended use of the information provided to the City is to determine whether authorization for a ride-along should be approved. If a ride-along is granted, most of the information you supplied may become public and may be conveyed to third parties.

I have read and understand the above information regarding my rights as a subject of government data.

Applicant name (please print)	Applicant signature	Date
If applicant is under the age of 18, a parent or guardian must co-sign this application.		
Parent/guardian name	Parent/guardian signature	Date

Staff Use Only (Designated Official)

Background check complete: <input type="checkbox"/> NCIC check <input type="checkbox"/> Hennepin warrants <input type="checkbox"/> Logis				
<input type="checkbox"/> Request Approved	Authorized date:	Ride-Along start time:	Sponsoring officer:	Badge number:
	Number of authorized hours:	Ride-Along end time:		
<input type="checkbox"/> Request Denied	Reasons for denial:			
Additional remarks:				

(Shift Supervisor)

Actual Ride-Along start time:	Actual Ride-Along end time:
Remarks (if Ride-Along terminated early, change in sponsoring officer, etc):	

Application For Ride-Along

Confidentiality Agreement

As a participant in the City Ride-Along Program, it is possible I may come into contact with various types of information with different legal designations and in different forms, including information I would otherwise have no right to access.

Through my participation in the City Ride-Along Program, I agree I will not actively solicit or access, through City computers, files, or other means available, any data I otherwise have no right or need to access.

To the extent I may have access to private, confidential, nonpublic, or protected nonpublic data during the course of my ride-along activities, I agree to comply with the Minnesota Government Data practices act and all other applicable statutes of the State of Minnesota, the federal Health Insurance Portability and Accountability Act (HIPAA), and all other applicable federal laws, and all applicable policies, rules, and regulations of this City. I promise to protect the confidentiality of any and all such information I may learn through my participation in the Ride-Along Program and will all times keep such information confidential. I understand I may be subject to criminal or civil penalties for noncompliance with this Confidentiality Agreement.

I have read and understand the above information and agree to be bound by its terms.

Applicant name (please print)	Applicant signature	Date
-------------------------------	---------------------	------

If applicant is under the age of 18, a parent or guardian must co-sign this application.

Parent/guardian name	Parent/guardian signature	Date
----------------------	---------------------------	------

Application For Ride-Along

Waiver Of Claims And Release Of Liability Agreement

1. I have asked the City of Golden Valley and the City's _____ Department (collectively, "the City") for permission to participate in its Ride-Along Program (the "Program"). My participation is voluntary. No one is forcing me to participate. I acknowledge that the Program is not an essential service provided by the City. As a participant in the Program, I will ride as a passenger in a City vehicle and will observe the City personnel inside a City vehicle and while at the scene of any incident to which City personnel has responded.
2. I understand that voluntarily participating in the Program may be dangerous because of the multiple hazards encountered by public safety personnel. Such hazards include, but are not limited to, accidents involving a City vehicle; injury from bystanders or traffic; negligent or intentional tortuous acts by third persons; exposure to severe weather conditions; exposure to communicable and/or infectious diseases; and various accidents during the routine operations of the City department. I understand the City is not a guardian of my safety.
3. I personally assume all risks in connection with participating in the Program. I release the City and its employees, officials, volunteers, and agents for any injury or damage sustained by me while participating in the Program, including all risks connected therewith, whether foreseen or unforeseen.
4. In consideration of being allowed to participate in the Program, I waive any and all right of action against the City and its employees, officials, volunteers, and agents for any injury or damage I might suffer while participating in the Program. This waiver does not waive liability for any injuries or damages I obtain as the result of willful, wanton, or intentional misconduct by any person acting on behalf of the City.
5. I agree to indemnify and hold harmless the City and its employees, officials, volunteers, and agents against any and all claims, demands, damages, costs, or expenses, including reasonable attorney's fees, for any and all loss, damage, or liability I may sustain as a consequence of my actions or conduct.
6. I have fully informed myself of the contents of this Waiver of Claims and Release of Liability by reading it before I have signed it. I have had the opportunity to ask any and all questions regarding this Waiver of Claims and Release of Liability and its effect. I understand the terms herein are contractual and not a mere recital and that I have signed this document as my own free act and agree to be bound by its terms.
7. It is my express intent that this Waiver of Claims and Release of Liability shall bind the members of my family, if I am alive, and my heirs, assigns, and personal representatives if I am deceased.

Applicant name (please print)	Applicant signature	Date
-------------------------------	---------------------	------

If applicant is under the age of 18, a parent or guardian must co-sign this application.

Parent/guardian name	Parent/guardian signature	Date
----------------------	---------------------------	------