



# City of Rockford

## ROCKFORD POLICE DEPARTMENT

Carla Redd, Chief of Police

### CITIZENS RIDE-ALONG PROGRAM APPLICATION

TODAY'S DATE: \_\_\_\_\_ DATE REQUESTED FOR RIDE-ALONG: \_\_\_\_\_

TIME REQUESTED: 6:30AM-4:30PM, 4:00PM-2:00AM, 9:00PM-7:00AM  
(PLEASE CIRCLE TIMES REQUESTED)

DISTRICT PREFERENCE FOR RIDE-ALONG (SEE ATTACHED MAP WITH THIS APPLICATION)  
DISTRICT 1  
DISTRICT 2  
DISTRICT 3  
(PLEASE CIRCLE PREFERENCE)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Sec. # \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
(State of Issuance)

Home Phone: ( \_ ) \_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_ ) \_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_ ) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

EMPLOYER OR SCHOOL ATTENDING: \_\_\_\_\_

ARE YOU PRESENTLY A LAW ENFORCEMENT OFFICER? \_\_\_\_ YES \_\_\_\_ NO  
ARE YOU CURRENTLY AN APPLICANT FOR ANY LAW ENFORCEMENT AGENCY? \_\_\_\_ YES \_\_\_\_ NO  
ARE YOU A CURRENT EMPLOYEE, FORMER EMPLOYEE, OR AFFILIATED WITH ANY NEWS MEDIA AGENCY? \_\_\_\_ YES \_\_\_\_ NO

(If you answered YES to any of the above questions, please identify the name of the organization or agency: \_\_\_\_\_)

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? \_\_\_\_ YES \_\_\_\_ NO  
ARE YOU CURRENTLY TAKING ANY MEDICATIONS? \_\_\_\_ YES \_\_\_\_ NO  
DO YOU AGREE TO FOLLOW AND OBEY THE RULES AND GUIDELINES ON THE RIDE-ALONG PROGRAM PARTICIPANTS FORM? \_\_\_\_ YES \_\_\_\_ NO

I authorize a criminal record check be completed in compliance with the guidelines of this program. I understand that the race, sex, date of birth, and social security number information recorded on this form is required to check my criminal record.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18

Please return this completed application to:

Rockford Police Department  
Attention Assistant Deputy Chief of Administration  
557 South New Towne Drive Rockford, IL 61108

CQH \_\_\_\_\_  
NetRMS \_\_\_\_\_  
Waiver Signed \_\_\_\_\_

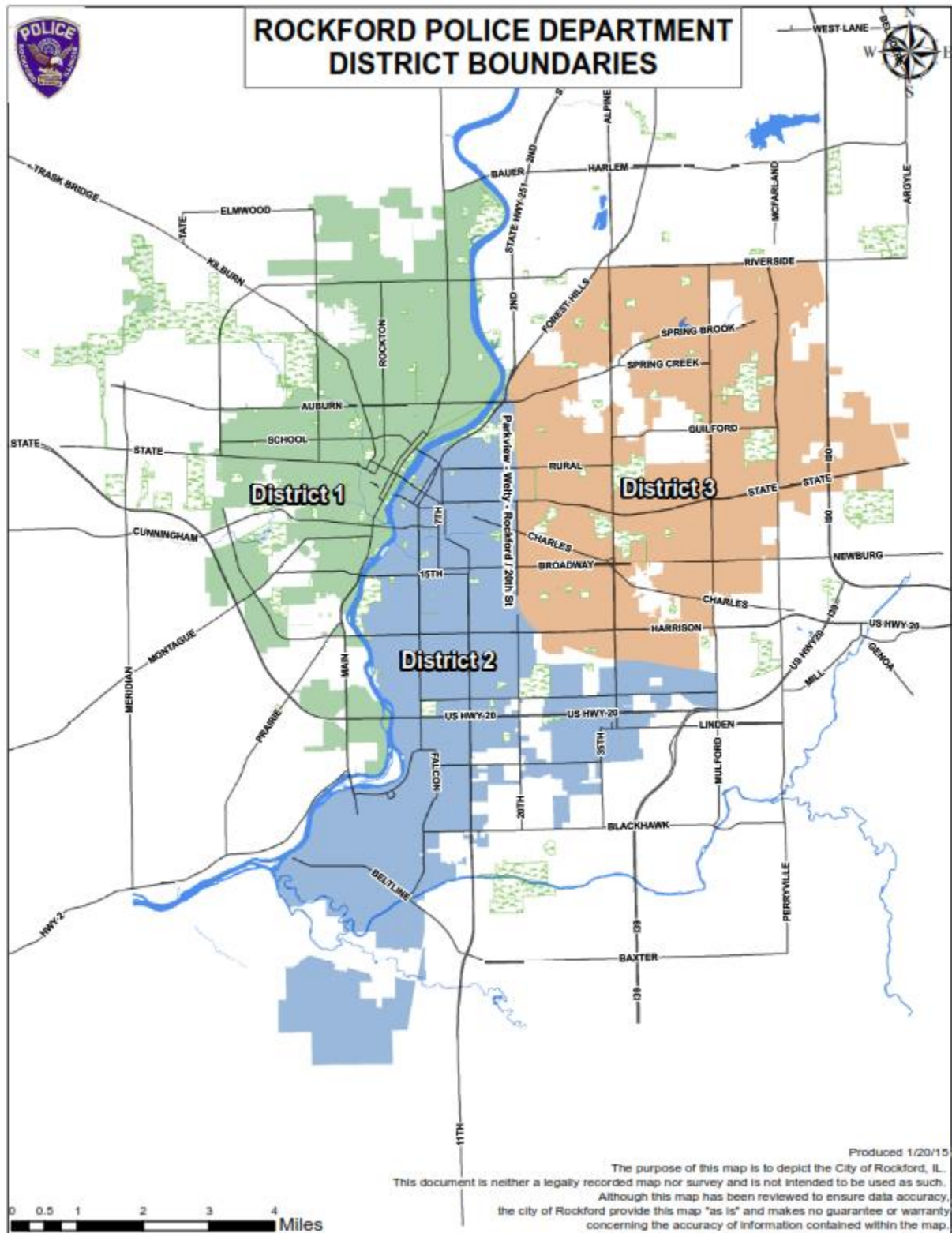
Approved \_\_\_\_\_  
Denied \_\_\_\_\_  
Date Processed \_\_\_\_/\_\_\_\_/\_\_\_\_



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Rockford Police Headquarters and District 3  
557 S. New Towne Drive Rockford, Illinois 61108-2385  
(779) 500-6565 (779) 903-3039 fax <https://rockfordil.gov/police>

District 1  
1045 W. State Street Rockford, Illinois 61102-1288  
District 2  
1410 Broadway Rockford, Illinois 61104-1412



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### VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in the Rockford Police Department Ride-Along Program. I have read, understood, and agree to abide by the Ride-Along Rules and Guidelines, attached hereto, regarding my required conduct and responsibilities with respect to the Ride-Along Program. **INITIAL**\_\_\_\_\_

**I AM AWARE THAT POLICE WORK IS INHERENTLY DANGEROUS** due to many factors and such factors may, at times, present a danger to me. **INITIAL**\_\_\_\_\_

I am voluntarily participating in this activity with knowledge of the danger involved and hereby assume full responsibility for the risk of bodily injury, death or property damage resulting from any aspect of my voluntary participation in the Rockford Police Department Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **INITIAL**\_\_\_\_\_

**I HEREBY WAIVE, RELEASE AND DISCHARGE FROM ALL LIABILITY THE CITY OF ROCKFORD, ILLINOIS**, its elected officials, officers, agents and employees from any and all claims, damages, cause of action, demands in law or in equity, resulting from the action or inaction of the City of Rockford, Illinois, its elected and appointed officials, officers, agents and employees, or otherwise resulting from any aspect of my voluntary participation in the City of Rockford, Illinois Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **INITIAL**\_\_\_\_\_

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND TO RELEASE THE CITY OF ROCKFORD, ILLINOIS FROM ALL LIABILITY RESULTING FROM MY PARTICIPATION IN THE RIDE-ALONG PROGRAM AND SIGN IT OF MY OWN FREE WILL.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

(If applicant is under 18)

Witness Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_



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### RIDE-ALONG PARTICIPANT EVALUATION FORM

The Rockford Police Department hopes that you enjoyed your ride-along experience and find it beneficial. Thank you for participating in the Rockford Police Ride-Along Program. At the end of your ride-along time, please take a few moments and fill out this evaluation form. Your comments will help us to continually evaluate the Ride-Along Program.

Date of Ride-Along: \_\_\_/\_\_\_/\_\_\_\_\_

Time of Ride-Along: \_\_\_\_\_

Officer's name you rode with: \_\_\_\_\_

Did the ride-along give you a better understanding of police work? \_\_\_Yes\_\_\_No

Did the officer answer your questions? \_\_\_Yes\_\_\_No

Would you recommend this program to others? \_\_\_Yes\_\_\_No

How would you rate the Ride-Along Program's effectiveness in giving citizens a better understanding of a police officer's job, duties, responsibilities, and profession?

\_\_\_Excellent \_\_\_Satisfactory \_\_\_Unsatisfactory

COMMENTS:

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**



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### **RULES AND GUIDELINES FOR CITIZEN RIDE-ALONG PARTICIPANTS**

1. All participants in the citizen Ride-Along Program must complete an application and waiver of liability form.
2. Approval will be made by the Assistant Deputy Chief of Administration or designee. The applicant will be notified by telephone, email or mail that the application has been approved or denied. If approved, the Assistant Deputy Chief of Administration will forward the applicant's information to the respective District Commander for scheduling the date and time to ride-along.
3. Scheduling will be made by the respective District Commander or designee. The applicant will be notified by telephone, email or mail confirming the date and time to ride-along.
4. Participants must present a valid picture ID to the Officer in Charge or Acting Officer in Charge at the respective District Station, Patrol Office, when reporting to participate in the program.
5. Because of the potential for police activity to escalate to a dangerous level, all participants will obey the directions and instructions of the officer they are assigned to. Participants will not be taken to a scene where there is potential for a clear and present danger to them. Under these circumstances, participants understand that the officer may drop them off at a safe, public location, to be picked up later by the assigned officer, or arrangements made for them to be picked up.
6. No video, photographic, audio, or recording devices of any kind are permitted unless directly approved by the Assistant Deputy Chief of Administration.
7. Cell phone usage, including texting and social media use, is prohibited during the ride-along.
8. Posting information about the ride-along on any social media outlet is prohibited.
9. Participants are prohibited from carrying any weapons during the ride-along duration. You are instructed to remove and secure any knives or other types of weapons from your person before reporting for your scheduled ride-along.
10. In order to participate in the Ride-Along Program, you must: a. Be at least 16 sixteen years of age and have parental permission. b. Authorize a criminal history/background check be conducted and successfully pass the criminal/background check.



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11. DO NOT interfere in any way with the officer's handling of a situation. You may assist an officer if and only if, the officer asks for your help. Questions may be asked of a situation but only after it has been completed and the officer has left the scene.

12. Participants are not permitted to enter a private residence without the consent of the owner or occupant.

13. Citizens will be permitted to apply for and participate in the Ride-Along Program a maximum of two (2) times in a calendar year.

14. Participants are expected to be neat and clean in appearance. Business casual attire should be worn. (Collared shirt, dress shirt, pants). Please no blue jeans, t-shirts, shorts, miniskirts, sweat pants, jogging attire, shirts with offensive design or language, or attire with any sports insignia or logos will be worn and are grounds for being denied participation. The above list is meant as a guideline only. Proper attire is at the discretion of the Officer in Charge or Acting Officer in Charge.

15. The Officer in Charge or Acting Officer in Charge may cancel your participation in the Ride-Along Program if your conduct, mental well-being, or attire is determined not to be in your best interests or the best interest of the Department.

16. Ride-Along participants shall acknowledge that the information they may learn during their ride-along experience is privileged. That information is confidential and should not be published in any way.

17. Participants will take a blank Participants Evaluation Form with them when they begin the Ride-Along Program. At the end of their ride-along, they will fill out the form and give it to the officer they rode with. Upon approval of your application, you will receive a telephone call, email, or notice in the mail. If you receive a notice in the mail bring the notice with you when you report for your ride-along.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_