

*Blytheville Police Department
1700 S. Division
Blytheville, AR 72315
(870) 762-0405*

Dear Citizen Patrol Ride-Along Applicant

The following information is provided to you for your consideration as you apply or enter into the Blytheville Police Department Citizen Patrol Ride-Along Program. Police work is dangerous and participating in this program will expose you to violence, weapons, firearms, biological, motor vehicle and other hazards. Citizens desiring to participate in the program must fill out and submit to the department:

And receive this information per SOP 8.10 Ride-Along Program. Only approved applicants will be allowed to participate. Unless in conjunction with a higher educational institute, the authorization period will not exceed 30 days, 90 days for students and no more than two (2) 30-day periods will be permitted in a calendar year. Participants are allowed only eight (8) hours of participation in any 14-day period. Participants may choose day or night weekday or weekend shifts.

Although the Chief of Police will approve an applicant to participate, the on-duty Patrol Shift / Watch Commander will have final say to whether or not the time and date you have requested to ride is appropriate. You may choose to call ahead of time for confirmation from the Patrol Shift / Watch commander that is or will be on duty during the time you have requested.

Any person present during the course of an arrest or law enforcement activity including those participating in a ride-along program are subject to summons or subpoena to appear in court to provide testimony as to what they saw or heard. *Ride-Along observers will be listed as a witness to all arrests and citations made in their presence during the time frame they are present participating in the Citizen Patrol Ride-Along Program. A failure to comply can result in a contempt of court. Therefore if you are unable to attend or testify in court then you should reconsider participating in the program.*

By typing your name on any required documents, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Please keep this form for your reference and again thank you for your participation.

Ross A. Thompson
Chief of Police

Blytheville Police Department
201 West Walnut Street
Blytheville, AR 72315
(870) 762-0405

Dear Citizen Patrol Ride-Along Applicant:

I would like to take this opportunity to express my appreciation for your interest in the endeavors of the Blytheville Police Department. Through interaction of its officers and the community it serves, can help reduce any surreptitious walls or barriers about our service and responsibility to the community. I am convinced that through this positive Police, Citizen Interaction will benefit both Department and Community alike. As a ride-along observer, to ensure your safety and maintain the over-all efficiency of police operations, you must agree that you meet and will abide by the following:

- An observer will not be allowed in a patrol car without the expressed permission of the on-duty Watch Commander and the prior concurrence of the officer with which the observer will ride.
- Watch Commanders are to honor, without explanation, an officer's desire not to have an observer.
- A Watch Commander, may without immediate explanation, unless directed by the Chief of Police, decline an observer to ride on that watch.
- Only one (1) observer per vehicle will be allowed.
- Unless for educational purposes only one (1) observer per shift will be allowed
- Observers will be suitably attired in slacks, shirt and shoes. Sandals, halter tops, T-shirts, shorts, dresses, skirts or high-heeled shoes are strictly prohibited.
- Shall not have been convicted of a felony / misdemeanor offense within the past five (5) years, or currently under indictment or information.
- Has not been convicted of a moving traffic violation within the past sixty- (60) days.
- Must be 19 years of age or older.
- Are not to use any police equipment unless directed to do so by an Officer.
- Cameras, tape recorders or other recording devices are prohibited.
- Shall not have access to confidential materials.
- Are prohibited from having access to the Dispatch area and locker rooms.
- Shall be excluded from briefing, debriefing, strategy and personnel sessions.
- Possession of firearms, other than certified law enforcement officers is prohibited.
- Unless for educational purposes shall be limited to eight (8) hours participation in any
- Fourteen (14) day period.
- No more than two (2) thirty (30) day periods will be allowed in a calendar year.
- Participants shall not enter any person's home while participating in the ride-along unless the host officer has asked and has been granted express permission from the homeowner/occupant to allow the ride-along participant entry.
- Participants are subject to summons or subpoena to court to testify for information they witnessed while participating in this program. A failure to comply with court orders can result in the participants arrest. PLEASE CONSIDER THIS CAREFULLY WHEN APPLYING.

I agree that I meet the above minimum standards and to abide by these rules.

Applicant Signature

Date

Release and Indemnity Agreement
City of Blytheville Arkansas

I , acknowledge that I have requested permission from the Blytheville Police Department to participate in the Department's "Ride-Along" program.

- I acknowledge that the ride-along program involves accompanying a police officer who is in the performance of his or her duty as a police officer.
- I have been advised of the various dangers which I may be exposed to during my participation with this program.
- I have been specifically informed of the fact that police vehicles are sometimes required to operate in an emergency fashion which may expose me to danger.
- I also acknowledge that I have been advised of the fact that while accompanying an officer I may be exposed to danger to life and/or limb due to the actions of criminal suspects, prisoners, and other persons that I may come into contact with during my ride-along.

NOW, THEREFORE, having been fully advised of the dangers inherent in the ride-along program in which I propose to participate, and in consideration of the privilege granted to me by the City of Blytheville to be a gratuitous passenger in a police car, I do hereby, for myself, my spouse, heirs, executors or administrators, and personal representatives:

- Assume full responsibility for any personal injury, death or any damage to my personal property which may occur directly or indirectly, while in, or about any such police department vehicle, the Blytheville Police Department facilities to include the Central Station, Sub-District Stations, Training Academy, Firing Range and any other Department or City Facility I may enter during the ride-along.
- Assume full responsibility for any personal injury, death or any damage to my personal property while accompanying any police officer of the City of Blytheville in the performance of their duties.
- Fully and forever release and discharge the City of Blytheville, its police officers, employees, agents and servants, from any and all claims, demands, damages, rights of action, or causes of actions, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my being in, on or about any such Police Department vehicle, or at any or all police department premises or facilities, or while accompanying a police officer who is in the performance of his or her duty as a police officer for the City of Blytheville.
- I agree to indemnify and hold harmless the City of Blytheville, its police officers, agents, employees and servants, for any acts or conduct on my part of whatever kind or nature whatsoever, while in, on or about any such Police Department vehicle, or at any or all Police Department premises of facilities, or while accompanying a police officer who is in the performance of his or her duty as a police officer for the City of Blytheville.

I agree to defend and to pay any attorney's fees or associated costs as a result of any claim or action brought by or against the City of Blytheville, its police officers, agents, employees and servants, for any acts or conduct on my part of whatever kind or nature whatsoever, while in, on or about any such Police Department vehicle, or at any and all Police Department premises or facilities, or while accompanying a police officer who is in the performance of his or her duty as a police officer for the City of Blytheville.

- I agree that it is my intent, having read and having been fully informed of all of the above that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

Signature

Address and Phone Number

Witness:

8.10 4-2021

AFFIDAVIT

STATE OF ARKANSAS

I , being first duly sworn on oath, states as follows:

My name is . I am applying for the Blytheville Police Department Ride-Along Program. As part of my participation, I have been asked to provide this sworn affidavit to attest to whether I have ever been the subject of a domestic violence investigation; a protective order related to domestic violence or an arrest based on a domestic violence charge. I understand that as a condition of employment, this background investigation requires that I provide this information. This is necessary to ensure that I meet the criteria for participation in the Blytheville Police Department Ride-Along Program.

Affiant Signature:

Sworn to and signed before me, on this the _____ day of _____, 20_____, in
and for Mississippi County, in the state of Arkansas.

Signature of Notary
Public:

Printed Name of
Notary Public:

My Commission Expires:

STAMP SEAL

Authorization for the Release of Information

TO WHOM IT MAY CONCERN:

As an applicant for the Blytheville Police Department Ride-Along Program I recognize the need for the Blytheville Police Department to conduct a background check on Ride Along Participants. With this recognition in mind, I hereby authorize the Blytheville Police Department and its authorized representatives in possession of this release, or a copy thereof, to obtain information such as criminal histories, or psychological events that may make me unsuited to participate in the Blytheville Police Department Ride-Along program. I hereby direct you to release such information upon request of the Blytheville Police Department. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any law enforcement agency, court, institutions, or other repository of records including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Name:

Physical Address

Applicant's Notarized

Signature:

Sworn to and signed before me, on this the _____ day of _____, 20_____, in
and for Mississippi County, in the state of Arkansas.

Signature of Notary

Public:

Printed Name of

Notary Public:

My Commission

Expires:

STAMP SEAL

**Blytheville Police Department
Personal Information Sheet
Application for Patrol Ride-Along Program**

Name:

Date:

Home Physical Address:

City:

State:

Zip:

Employer:

City &
State:

DOB:

DL# &
State:

E-Mail:

Phone #:

Emergency
Contact:

Phone #:

Yes No

Have you ever been arrested for a Felony?
Have you ever been arrested for a Misdemeanor?
Have you ever been reported for a Felony?
Have you ever been reported for Domestic Violence?
Are you currently/ever been under investigation or indictment by any Federal, State or Local agency?

CAUTION: this will
reset the entire form

Signature:

Your Signature / submission of this completed form

indicates that you are allowing the Blytheville Police Department to conduct a background check on you and
may utilize your information as necessary to accomplish this.

Sponsoring Officer Name
(if applicable)

DEPARTMENT USE SECTION

Chief of Police /Designee

Approved

Declined

Period Begins:

8.10 4-2021

Period Ends: