

CHIEF OF POLICE

Dennis J. Towle

Serve & Protect

Administrative Assistant

Denise Krula



TOWN OF SUTTON
POLICE DEPARTMENT

4 Uxbridge Road
Sutton, MA 01590-1702
Telephone (508)865-4449
Fax (508)865-8757

Sutton Police C.O.P. Program

PROGRAM RULES AND GUIDELINES

1. Submitting a request does not guarantee ride along approval.
2. Persons who have never participated in the Ride Along Program shall be given preference over those who have.
3. Participants shall be limited to one ride along per year.
4. The date and shift requested by the applicant shall be accommodated when possible within preference guidelines.
5. Participants must have a valid photo ID or driver license with them when reporting for their scheduled ride along.
6. Wear neat, clean, appropriate clothing. Shorts, sweat suits or jogging suits, tank tops, halter tops, or clothing which is torn, soiled or displays offensive language or symbols shall not be allowed.
7. Participants shall be considered observers only, and shall be under the direct supervision of the assigned officer during the ride along.
8. Participants shall conduct themselves in a civil and courteous manner at all times.
9. Participants must wear their seat belts at all times while in the patrol car.
10. Participants must remain in the patrol car unless instructed to leave by an officer.
11. In the case of a potentially dangerous or hazardous call, participants may be dropped off at a safe location. If this occurs, the officer will give the participant specific instructions and arrange for transportation from another officer. Please note that this is for the rider's safety.
12. Participants must not become involved in any incident the officer is handling. This includes discussions of an incident with victims, witnesses, or suspects.
13. No tape recordings, cameras, or similar devices are allowed without prior approval from the Chief of Police or his designee.
14. For security and safety reasons, participants are not allowed to handle or use any of the officer's equipment.
15. All participants in the C.O.P. program must read, agree, and abide by all rules and guidelines and complete the Ride Along Application prior to the ride along.
16. Failure to comply with any of the above listed rules and guidelines will result in the immediate termination of the ride-along.
17. Absolutely **NO** firearm nor any other type of weapon shall be carried by the participant at any time during the ride along.

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Background Waiver

BACKGROUND AUTHORIZATION I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the Commonwealth of Massachusetts to release to the Sutton Police Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Sutton Police Department in evaluating my eligibility for participation in the C.O.P. Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

SIGNATURE OF APPLICANT

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Waiver of Liability

Whereas the undersigned has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and staffed by members of the Sutton Police Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their official duties as Police Officers. Now, therefore, in consideration of the Town of Sutton, a Municipal corporation, by and through its Police Department, cooperating in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISKS arising in the course of said activity, including personal injury, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the Town of Sutton, its officers, employees and agents, which may occur during my participation in the ride-along. I understand that any aspect of police work can be a dangerous activity, and I agree to participate with knowledge of the damages. The undersigned specifically agrees to defend, indemnify and hold harmless the Town, its officers, agents and employees, from and against any and all claims, loss, damage and liability for injury to the undersigned person or property, including any such claim, loss, damage and liability caused by the negligence of the Town, its agents, officers, and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless the Town, its officers, agents and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a guest or observer in any Sutton Police Department vehicle or while accompanying a member of said department during the active performance of his or her official duties as a peace officer.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

I have read and voluntarily signed this "Release and Waiver of Liability and Indemnity Agreement" and acknowledge the significance of it. I agree that no oral representations, statements or inducements have been made to me which are not set forth in this Agreement.

Date: _____

SIGNATURE OF APPLICANT

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Applicant Information

Name: _____
Last name, First name M.I. Nick Name

Home Address: _____
Number Street Apt.#

Date of Birth: _____ Massachusetts Driver's License#: _____

Telephone #: _____ Email Address: _____

Do you have any physical or mental conditions, which might hinder your participation in this program?

No _____ Yes _____ If, yes please provide a description. _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

C.O.P. ride alongs are a maximum of **4-hours** in duration. You are limited to 1 ride per calendar year. Please schedule as far in advance (48 hour minimum) as possible. You will be contacted by email or telephone to confirm whether or not there is a vacancy for the date and time you have selected. We will try to accommodate your request but there is no guarantee we will be able to fulfill your request.

Days or Dates you prefer to ride: _____

Times you prefer to ride: _____