



317 S. Burlington
Hastings Nebraska 68901

Ride-Along/Intern Program Coordinator

Sergeant Raelee Van Winkle

Phone: 402-461-2380

Fax: 402-461-2393

e-mail: rvanwinkle@hastingspolice.org

Welcome to the Hastings Police Department. We hope your Ride-Along experience is enjoyable as well as educational. Since your safety is our first consideration we need to express the importance of reading and completing these forms. Please take your time in completing these forms. This will ensure that your request is processed in a timely manner. If you have any questions our staff will be able to assist you.

Minors between the ages of fourteen and eighteen are welcome to participate on Ride-Along's but must have a parent or legal guardian sign the attached waiver forms as well as a medical consent form.

Thank you for taking the opportunity to visit the Hastings Police Department. We hope your time is rewarded with a newfound respect and awareness for the professional men and women who serve your community. We encourage you to learn as much as you can about your police department.

NOTE: GENERALLY THERE IS A 14-DAY WAITING PERIOD.

Any person approved to ride along is required to be suitably dressed in collared shirt, blouse or jacket, slacks and shoes. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted. Hats and ball caps will not be worn in the police vehicle. The Sergeant, Officer in Charge, or Program Coordinator may refuse a ride along to anyone not properly dressed.

Hastings Police Department Internship Frequently Asked Questions & Guidelines

WHO CAN RIDE ALONG?

- Participants in the program must be at least 14 years old.
- Preference in scheduling a Ride Along is given to Hastings residents.
- Only one Ride Along is permitted per calendar year.
- Applicants must be able to display an acceptable reason for desiring a ride-along.

HOW DO I APPLY TO RIDE-ALONG?

- Applicants must fully complete the Ride-Along Application and sign the necessary waivers.
- To participate in the program, the APPLICATION FORM, EMERGENCY DATA FORM, GENERAL AGREEMENT, CONFIDENTIALITY AND WAIVER FORM, INDEMNITY AGREEMENT AND COVENANT NOT TO SUE, and ACCIDENT WAIVER, must be signed by the applicant. If the applicant is under 19, both the applicant and their parent or legal guardian must sign the waivers.
- The application and waiver forms must be submitted at least fourteen working days before the desired Ride Along date.
- Incomplete applications and applications without the signed waiver will be rejected.

WHEN CAN I RIDE-ALONG?

- Ride-Alongs are scheduled for 8 hour blocks and may overlap different patrol shifts at the Hastings Police Department. You may ride along for less than 8 hours if you so desire. Ride-Alongs are not allowed to ride after 1:00 a.m. without prior approval.
- There is a place on the application form to request specific dates and times to ride along. We will try to schedule your ride along as requested, however there is no guarantee that your request can be accommodated.
- We will contact you to let you know whether your application to ride along has been approved and the date and time you are scheduled to ride.
- Please arrive on time for your scheduled ride along. If you are not here at your scheduled time your ride along may be cancelled.

WHAT SHOULD I WEAR AND BRING WITH ME WHEN RIDING ALONG?

- Rider must wear appropriate “business casual” attire which is suitable for having public contact.
- Shirts without collars, T-shirts, tank tops, sweat shirts, jeans, shorts, short skirts, halter tops, sneakers, high heel shoes, baseball caps, beanies, and similar attire are not permissible.
- Clothing which is similar in any way to uniforms worn by members of the Hastings Police Department and any other clothing with lettering, emblems, or similar items which might suggest the intern is a police employee are not permissible.
- It is advisable to bring enough money with you to purchase any food or refreshments you might want to consume while you are riding along. Generally, the officer will have the opportunity to take a short break and have a lunch period while you are together. If you wish to eat or drink something during these times you are expected to pay for them yourself.

RULES:

- **You must comply with the following rules. Failure to comply with these rules will result in the immediate termination of your internship and you will not be allowed to participate in the Internship Program in the future.**
- Riders are observers and you will be under the direct supervision of a police employee. You must comply with all directions and orders given to you by any police employee. You are not to become involved in any incident, conversation, or altercations between police employees and the public.
- You are expected to conduct yourself in a civil, personable, and courteous manner at all times.
- You are to remain seated in the police vehicle unless the officer specifically tells you that you may accompany the officer. You must wear the vehicle's seat belt at all times while inside the police vehicle.
- For security and safety reasons, participants are not allowed to handle or use any of the officer's equipment or the equipment in the patrol vehicle unless called upon by an officer in an extreme life threatening emergency.
- In the event that the officer has to respond to a potentially dangerous situation or hazardous call, you may be dropped off at a safe location away from the incident. If this occurs, you will be given specific instructions to follow and the officer will arrange for another police employee to pick you up.
- You may not carry or use any weapon while you are interning.
- You may not carry or use any audio recording device, any video recording device, or other camera while you are interning. Cell Phones with cameras and audio/video recording capabilities are allowed but the use of these functions is prohibited.
- You may carry a cell phone with you, but you will not be allowed to make and/or receive calls DURING YOUR Ride-Along except in an emergency or on a break

HASTINGS POLICE DEPARTMENT APPLICATION FOR RIDE-ALONG

Date of Application: _____

Personal Information

Full Legal Last Name: _____ First Name: _____ MI: _____

Maiden/Other Names: _____

Social Security Number: _____ Date of Birth: _____

Current Address _____

City/State/Zip _____

Date through Which Current Address Is Valid _____

Permanent Address _____ Permanent phone _____

City/State/Zip _____

Current Phone _____ Cell Phone _____ E-mail _____

Were you referred to the Police Department? Yes ___ No ___

If so, by whom? _____

US Citizenship: ___Yes ___No. If No, Citizen of which country _____

Employer/School _____

Date/Time requested? First choice: _____ Second choice: _____

Have you ever ridden before? Yes () No (); if so, when? _____

Physical Disabilities? _____

Are you under the care of a physician? Yes () No () if so why? _____

Are you pregnant? Yes () No ()

Reason for requesting ride-along: _____

CRIMINAL HISTORY

Have you been **investigated for** or **charged with** a felony or misdemeanor crime? Yes ___ No ___ If yes, explain:

Have you been **convicted** of a felony or misdemeanor crime? Yes _____ No _____ If yes, explain:

List below all traffic tickets, criminal arrests/citations, and/or convictions that you have EVER had, including juvenile offenses. Use additional paper provided on page 7 if necessary.

Have you ever been **investigated for** or **charged with** of any type of crime involving domestic violence? Yes () No () If yes explain below:

Have you ever been **convicted** of any type of crime involving domestic violence? Yes () No () If yes explain below:

Have you ever committed an act of domestic violence? Yes () No () If yes explain:

Have you ever been involved in a child abuse or child neglect investigation of any kind? Yes () No () If yes, explain:

Have you ever had a Protection Order sworn out against you? Yes () No () If yes, explain:

Have you ever sworn out a Protection Order on any one else? Yes () No () If yes, explain:

Have you ever been a victim of a domestic disturbance? Yes () No () If yes, explain:

Do you have a Facebook account(s)? Yes () No () If yes, what is your name on your account(s)?

Have you ever used marijuana, illegal drugs, or abused prescription drugs? Yes () No ()

If yes, name the substance, the frequency of use, period of use, and last use:

Have you ever bought, sold, distributed, manufactured or abused illegal drugs? Yes () No ()

If yes, name the substance, the frequency of use, and time frame:

Use space below to elaborate on any questions if needed (specify section):

I certify that all of the above questions have been answered truthfully and to the best of my knowledge, and I understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination from interning. I understand before being accepted into this program a criminal history and personal history check will be conducted.

Signature of Applicant _____ Date _____

**HASTINGS POLICE DEPARTMENT RIDE-ALONG/INTERN
DRUG & CRIME FREE POLICY**

The Hastings Police Department is a drug free work environment. As such it is the policy of the Hastings Police Department that as a Ride-Along/Intern you will not be in possession/use of any controlled substances, except with the approval and guidance of a licensed physician of Nebraska and the knowledge of the program supervisor. At no time may you as a Ride-Along/Intern in this program be under the influence of controlled substances where such use or influence impairs or compromises the efficiency and integrity of the department/City of Hastings.

As a Ride-Along/Intern you will voluntarily give a urine sample to determine the presence of controlled substances at the request of the program coordinator or his/her designee. As a Ride-Along/Intern with the Hastings Police Department you may be required to give a urine sample before beginning the program or randomly during your Internship.

As a Ride-Along/Intern you will also refrain from consuming alcohol during your scheduled time with the Hastings Police Department. Further as a Ride-Along/Intern you shall not be in possession of and/or use alcohol during your scheduled time at the Hastings Police Department. No Ride-Along/Intern shall be, to any degree, under the influence of an alcoholic beverage. As a Ride-Along/Intern you will voluntarily submit to a preliminary breath test (PBT) to test the presence of alcohol in your breath at any time. Such request for a PBT will only be made by the program coordinator or one of his/her designees.

Additionally, while participating in the Ride-Along/Intern Program you shall not violate or attempt to violate any federal, state, county or municipal law.

By signing this document, I certify that I have read and fully understand the above statements. My signature is an agreement to submit to, upon request, a urine sample to detect the presence of controlled substances in my urine, or a Preliminary Breath Test to determine the presence of alcohol in my breath. In signing this document, I certify that I fully understand that failure to comply with any of the aforementioned statements will result in my termination from the Ride-Along/Intern program.

Name of Applicant _____ Date _____
printed

Signature of Applicant _____ Date _____

Signature of Coordinator _____ Date _____

Hastings Police Department
RIDE-ALONG/INTERN EMERGENCY DATA FORM

Date _____ Name _____

(Last/First/MI)

Job Classification _____ DOB _____

Res. Address _____ Res. Telephone No. _____

City _____ State _____ Zip Code _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Primary Contact

Name _____ Relationship _____

Res. Address _____ Telephone No. _____

Bus. Address _____ Telephone No. _____

Cellular No. _____

Secondary Contact

Name _____ Relationship _____

Res. Address _____ Telephone No. _____

Bus. Address _____ Telephone No. _____

Cellular No. _____ Alternative No. _____

YOUR PHYSICIAN INFORMATION:

Name _____

Address _____ City _____ State _____

Phone Numbers: Business _____ Residence _____ Emergency _____

Are you Allergic to any Drugs? No Yes (specify)

ANY ADDITIONAL INFORMATION YOU WISH TO SUPPLY SO EMERGENCY CARE CAN BE OBTAINED FOR YOU QUICKLY, IF NEEDED, PLEASE MAKE NOTATION IN THIS SPACE:

**HASTINGS POLICE DEPARTMENT
RIDE-ALONG/INTERN STATEMENT
OF CONFIDENTIALITY AND WAIVER FORM**

I understand that any material, omissions, and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my Ride Along/Intern status. In addition, I authorize and request former employers, schools, individual agencies, organizations or law enforcement agencies to answer any and all questions that may be asked and do here withhold such persons harmless for giving any information within their knowledge or record.

As a condition of acceptance as a Ride-Along/Intern, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.

I understand that I do not have the right to continue my status or utilize appeal rights as a Ride-Along/Intern if terminated. Also, I understand that I am not an employee of the City of Hastings or any department thereof, and am not eligible for any remuneration or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Ride-Along/Intern with the Hastings Police Department, I will hold all names and information regarding the Department in the strictest confidence. Further, I understand that intentional or involuntary disclosure of confidential information to unauthorized sources may result in my termination as a Ride-Along/Intern.

I further agree to release the City of Hastings, Nebraska, its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while carrying out the duties of a Ride Along/Intern.

Ride Along/Intern Signature _____ Date _____

Coordinator of Ride-Along/Intern Program _____ Date _____

**HASTINGS POLICE DEPARTMENT RIDE-ALONG/INTERN RELEASE,
INDEMNITY AGREEMENT AND COVENANT NOT TO SUE**

I/We certify that the below information is correct and acknowledge by my/our signature(s) below that I/we agree to the following:

- I/We desire to obtain information relative to the operation of the Hastings Police Department by being a participant of the Ride-Along/Intern Program.
- I/We understand my participation may include riding in a Hastings Police Department vehicle as a part of the Ride-Along/Intern program.
- I/We fully understand that by participating in this Program, the participant may be exposed to conditions and situations of a hazardous nature. For the sole consideration of being permitted to participate in the "Ride-Along/Intern Program" the sufficiency of this consideration being hereby acknowledged, I/we do hereby covenant and undertake with my/our heirs, guardians, executors and administrators, to forever refrain and desist from instituting or asserting against the City of Hastings (Hastings Police Department), its authorized agents, representatives, or personnel, any claim, demand, action or suit of whatever kind or nature, either directly, or indirectly, for injuries or damages to person or property which may result from participation in the "Ride-Along/Intern Program."
- It is understood and agreed that as against the City of Hastings (Hastings Police Department) and its authorized agents, representatives, or personnel, this agreement may be pled as a counterclaim or as a defense in bar or abatement to any action of any kind whatsoever brought, instituted, or taken by or on behalf of myself/ourselves on account of any alleged claim or claims against the City of Hastings (Hastings Police Department) or its authorized agents, representatives, or personnel.
- I/We do hereby expressly stipulate and agree to indemnify and hold harmless the City of Hastings (Hastings Police Department) and its authorized agents, representatives, or personnel against any loss, including costs and fees on account of any action which may be brought against them by me/us or any person in my/our behalf for the purpose of enforcing any claim for damages arising out of participation in the "Ride-Along/Intern Program."
- I/We further expressly understand and agree that the participant will: (1) Abide by the orders of the police officers whom the participant accompanies; (2) Refrain from interfering with the police officers while in the pursuance of their official duties as police officers; (3) Refrain from participating with the police officers while in the pursuance of their official duties as police officers.
- I/We further agree to protect and save harmless the City of Hastings, (Hastings Police Department, its agents, representatives, or personnel) from any loss, damage, or expense on account of claims, liabilities, damages or injuries which may be sustained by any person or property arising directly or indirectly from any of my/our actions.

I/WE HAVE CAREFULLY READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND ITS PROVISIONS

To be completed by participant		
DOB (MO/Day/Year)	Date (MO/Day/Year)	Telephone
Address	City/State/Zip	
Signature		
Witness Signature	Address/City/State/Zip	Date (MO/Day/Year)
Officer Signature/Badge Number	Approved By (Supervisor)	Date (Mo/Day/Year)
To be completed by the parent or guardian of a participant under 19 years of age		
Relationship to Minor Participant	Date	
Address	City/State/Zip	Signature

ACCIDENT WAIVER AND RELEASE: POLICE INTERNSHIP

A Police Internship is dangerous and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to; participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the Police Internship

I certify that I am physically fit for participation in the Ride-Along Program, and have not been advised otherwise by a qualified medical person.

In consideration of my application and permitting me to participate in the Police Internship I hereby, for myself, my executors, administrators, heirs, next of kin, successors, and assigns agree and do as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or damages of any kind which may hereafter accrue to me in participating in or in traveling to and from this event. **THE FOLLOWING ENTITIES OR PERSONS: THE CITY OF HASTINGS AND THE HASTINGS POLICE DEPARTMENT** and its directors, officers, employees, volunteers, representatives and agents; (B) Indemnify and Hold Harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical and hospital treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Police Internship.

I understand that during the Police Internship or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I am aware that the Police Internship I voluntarily seek to participate in is a hazardous activity. I am voluntarily seeking participation in the Program with the knowledge that there are dangers involved. I agree that I assume and accept all risk of injury or death, and that I do this with intention to relieve the above named entities and persons from liability to me and all other persons whatsoever.

I hereby certify that I have read this document and I understand its contents.

To be completed by participant		
DOB (MO/Day/Year)	Date (MO/Day/Year)	Telephone
Address	City/State/Zip	
Signature		
Witness Signature	Address/City/State/Zip	Date (MO/Day/Year)
Officer Signature/Badge Number	Approved By (Supervisor)	Date (Mo/Day/Year)
To be completed by the parent or guardian of a participant under 19 years of age		
Relationship to Minor Participant	Date	
Address	City/State/Zip	Signature

**AUTHORIZATION AND RELEASE
TO OBTAIN INFORMATION**

I, _____, authorize the Hastings Police Department to conduct a background check in connection with my application for the Ride-Along/Intern Program.

The investigation may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, Department of Motor Vehicle records, listed personal references and/or developed references, previous employers and/or present employers and other appropriate sources. Additionally, this information may include results of previous background investigations as well as information related to substance abuse.

I authorize the release of any information that the Hastings Police Department may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for the Ride-Along/Intern Program.

I fully understand all information gained from such investigation is confidential and will be released only to authorized persons of the Hastings Police Department.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentation, omissions or falsifications in any of the applications and/or documents furnished for the position and/or answer to questions. I am aware that should an investigation disclose any willful misrepresentation, omissions or falsifications my application may be rejected or, if already accepted into the Ride-Along/Intern Program, my application/position may be terminated.

I hereby release the Hastings Police Department, Hastings, Nebraska or any of its agents or representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and information for the investigation made by the Hastings Police Department.

ONLY SIGN IN THE PRESENCE OF A PUBLIC NOTARY

_____ Date _____
Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Public Notary

*****Internal Use Only*****

A completed application consists of the following:

- Application for Ride-Along
- Drug Free Agreement
- Emergency Data Form
- Ride-Along/Intern Agreement
- Ride-Along/Intern Statement of Confidentiality and Waiver Form
- Accident Waiver and Release

Records check-

- NCJIS check
- Sleuth
- Triple I
- Other: _____
- _____
- _____

Notes: _____

****If denied advise reason why in notes**

Approved/Denied: _____

Approving officer/date

_____ **Date** _____
Ride-Along/Intern Program Coordinator