



## Great Falls Police Department Street Law/Job Shadow Ride-Alongs

Ride-Alongs will occur as part of the Street Law class and Job Shadow program. The days of the week will be either Friday or Saturday. No other days are authorized without prior coordination with the instructor and police department. Transportation to and from the police station is the student's responsibility.

Rides will be for 5 hours. This time may be extended if requested by the student and agreed to by the officer. Officers can terminate the Ride-Along at any time for inappropriate behavior on the part of the rider. Students will arrive 10 minutes prior to the scheduled start time. Pick up the black phone on the wall in the lobby and announce your presence if no one contacts you at the counter. Signed liability waivers must be presented prior to the start of the ride. If you are less than 18 years of age, a parent or guardian must also sign the waiver.

Appropriate clothing is mandatory. Faded or torn jeans and T-shirts are not authorized. Baseball caps and gang colors are also not authorized. Dress as if you were going to a Sunday dinner at grandma's, church, or to see the judge. Remember, you will be accompanying the officer so dress for outside activities as well. Cellular telephones are prohibited during the ride.

Bring along your "Street Law Ride-Along Incident Record" as well. This is a class requirement. You will be briefing the class as to your activities and turning the form in. Also bring along a good attitude. Ask questions, seem interested and stay awake. Your instructor does receive feedback from the officers you ride with. Any serious issues will be brought to your attention and may affect your grade in class.

Review your calendars for work, sport and family conflicts before signing up. If you cannot make your scheduled ride, it is your responsibility to notify the Street Law instructor in advance. You may not get a chance to re-schedule and this may affect your grade.



**Great Falls Police Department (GFPD) Ride Along Program  
Agreement Assuming Risk of Injury or Damage Waiver  
and Release of Claims and Indemnity Agreement**

Whereas, I, \_\_\_\_\_ (being/not being over 18 years and not being a member of the GFPD) have made a voluntary request to ride as a guest in a vehicle assigned to the GFPD and to accompany a member/members of the GFPD during the performance of their official duties, and

Whereas, the GFPD is willing to allow me to ride as a guest in a vehicle assigned to that department and to accompany a member/members of the department during the performance of their duties on the following conditions:

Now therefore, in consideration of the permission given to me to ride in a vehicle assigned to the GFPD and to accompany a member/members of said department during the performance of their official duties, I do hereby agree:

(1) That I am aware that the work of the GFPD is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member/members of the GFPD during the performance of their official duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury or property damage or acts of forcible resistance by law violators or suspected law violators, assault, riot, breach of the peace, fire, explosion, gas, electrocution or the escape of radioactive substances while accompanying a member or members of the GFPD during the performance of their official duties.

(2) That the GFPD, its sureties, all members of the GFPD, their sureties, and each of them, shall not be responsible or liable for any injury, damage, loss of expense, either to me or my property, incurred while riding in any vehicle assigned to the GFPD or while accompanying any member/members of said department during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the GFPD. I acknowledge that the GFPD recommends each individual obtain and carry personal health and hospitalization insurance.

(3) For myself, my heirs, executors and assigns, I hereby agree to defend, indemnify and hold harmless the Chief of Police of Great Falls, MT, all members of the GFPD their sureties, and each of them, against any and all manner of action, causes of actions, suits, debts, claims, demands or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the GFPD or while accompanying any member/members of said department during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document and have signed it of my own free will.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Parent/Guardian if Under 18 Years of Age

\_\_\_\_\_  
Witness (if necessary)

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**Ride-alongs are a privilege....not a right!**

## BACKGROUND CHECK REQUIRED

It is a directive of the Great Falls Police Department that all civilian ride-alongs shall have a background check conducted prior to their experience. Disqualifiers include any felony conviction, acts of violence and assault, gang affiliation, narcotic related crime, extensive traffic violations, or of questionable moral turpitude that would affect the integrity of the agency. *(Please read waiver below and accept conditions.)*

Print Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

### ADMINISTRATIVE USE ONLY

NCIC/CJIN \_\_\_\_\_

III \_\_\_\_\_

D/L \_\_\_\_\_

AS400/ CAD \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

By \_\_\_\_\_

## Confidential Information & Background Agreement

I \_\_\_\_\_ understand that while assigned to the Great Falls Police Department as a **ride-along / Intern** (circle one), I will be privileged to information that is sensitive or on occasion extremely confidential and that this information must be protected to ensure correct, legal and efficient use.

It is understood and agreed that I accept the terms and conditions of the background check. I agree to the release of my personal information for the purposes of a background check and shall save and hold harmless the City of Great Falls, the Great Falls Police Department, and its representatives from the results of this investigation. I also understand that the results of a criminal background check will not be released to anyone.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of the background check and ALL related documents thereto. I do so with full knowledge of the Constitution of the State of Montana, Article II – Section #9 stating: *“Right to Know: No person shall be deprived of the right to examine documents or to observe the deliberations of all public bodies or agencies of the state government and its subdivisions, except in cases in which the demand of individual privacy clearly exceeds the merits of public disclosure.”*

I agree that I will not disseminate any information of a sensitive or confidential nature to any person who is not authorized to receive it. Nor will I use any information obtained through the Police Department for personal, private or business use.

I further understand that any violation of this agreement could be grounds for disciplinary action that could include removal from the position being held or criminal or civil penalties if warranted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian if Under 18 Years of Age

\_\_\_\_\_  
Witness (if necessary)