

CAMILLUS POLICE DEPARTMENT

4600 West Genesee Street,
Syracuse, New York 13219
(315) 487-0102
www.camilluspolice.com

Michael Schreyer
Chief of Police

Civilian Rider Program Information Packet

Thank you for selecting the Town of Camillus Police Department to ride with a police officer. The Civilian Rider Program is for public/community education to allow civilians to gain insight into the operations of the Town of Camillus Police Department. We hope you enjoy your experience. We welcome your comments, suggestions, and recommendations (which should be directed to the Chief of Police).

There are inherent dangers in the law enforcement profession, and we take every precaution to ensure the safety of our officers. The men and women of the Town of Camillus Police Department are trained professionals and take great pride in the work they do for our citizens. You are requested to follow the instructions given to you by the police officers for your safety and the safety of the officers. Your cooperation is greatly appreciated. Therefore, these guidelines must be followed whenever a rider, other than a police department employee, request permission to accompany a police officer while on duty.

Only one civilian rider is permitted per shift for no more than one eight-hour tour of duty in any 24-hour period. Unless special circumstances and permission from the Chief of Police or his designee is provided, a rider may only ride once within a six-month period.

No person under the age of sixteen will be allowed to ride.

Persons between the ages of sixteen and eighteen must have parental permission. The waiver and Release of Liability form must be completed with a notarized signature of at least one parent or parent's signature witnessed by a Sergeant or higher-ranking officer of this department who is not related to the rider. When the form is witnessed by other than a Notary Public, cross out Notary Public and print your title.

A Personal Information Form, a Waiver and Release of Liability form and Criminal History

Authorization form must be completed before anyone is allowed to participate in the Civilian Rider Program. The completed forms will be submitted for review and approval at least five days prior to a scheduled ride.

Permission to participate in the program will be authorized by the Chief of Police or his designee. The Shift Sergeant will finalize the arrangement and make the assignment.

A civilian ride-a-long may be cancelled or the ride-a-long discontinued at any time when circumstances are such that it is in the best interest of the department, or there are special circumstances, or for the safety of the rider, the public and/or officers.

A civilian rider will not be permitted unless there is a Shift Sergeant working during the time of the scheduled ride. If circumstances occur that a Sergeant is unavailable or must leave during the ride-a-long, the rider program will be discontinued, cancelled or rescheduled.

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Waiver and Personal Information forms must be completed each time a civilian rider requests to ride unless the ride-a-long is for a continuous period of time. e.g., Student Internship Program.

Civilian riders are required to wear suitable attire. Shorts, jeans, jogging or sweat suits are not permitted. A dress shirt with collar and dress pants are recommended for males, pants and blouse are recommended for females.

At no time is a civilian permitted to carry any weapons during the rider program. Regardless of a valid pistol permit, handguns and or rifles are strictly prohibited. Anyone refusing to comply with this directive will not be permitted to participate in the program.

Civilian riders will remain in the vehicle at all times unless authorized to exit by the police officer.

Civilian riders are required to follow the instructions of a police officer at all times.

Civilians are not permitted to use the police radio, or any police equipment, except in an extreme emergency and directed to do so.

Civilian riders are to adhere to safety standards set by this department and the Vehicle and Traffic law. They will wear a seatbelt when riding in a Town owned vehicle.

Non-departmental owned electronic or other devices are not allowed in/on any police vehicles while riding in this program unless authorized by the Chief of Police or his designee. Prohibited devices include recording devices, tape players, televisions, radios and cameras (still or video)

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**Civilian Rider Program
Personal Information Packet**

Date: _____

Name: _____

Date of Birth: _____

Address: _____ County: _____ State: _____ Zip: _____

Drivers License # _____ Home Phone: _____ Work Phone: _____
(Attach copy)

Reason for Riding: _____

Date of Ride: _____ Watch Requested on: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Reviewed by: _____ **Approved** **Disapprove**
(Lieutenant or Higher Rank)

Reviewed by: _____ **Approved** **Disapprove**
(Shift Sergeant)

Rider Assigned to: _____ Shift: _____ Date: _____ Time: _____
(Officer)

(Return completed form to the Lieutenant)

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Civilian Rider Program Waiver and Release of Liability

For and in consideration of _____ ("Participant") Being granted the opportunity of observing operations and functions of the Town of Camillus Police Department by riding in a patrol car operated by one or more members of the department and by any and all means of observation whatsoever, the undersigned, in order to avail the participant of said opportunity and recognizing, understanding and acknowledging the risks and dangers involved, ASSUMES ALL RISKS PERTAINING THERETO AND HERBY RELEASES THE TOWN OF CAMILLUS, FROM ANY AND ALL LIABILITY WHATSOEVER FOR ANY AND ALL INJURIES, DAMAGES AND CLAIMS OF ANY NATURE WHATSOEVER THE PARTICIPANT AND/OR THE UNDERSIGNED PARENT OR GUARDIAN, HIS/HER OR THEIR HEIRS, DEPENDANTS AND ASSIGNS MAY SUSTAIN AS A RESULT OF ANY ACT, OCCURRENCE OR OMISSION IN AND ABOUT ANY PATROL CAR OR IN ANY OTHER WAY DURING THE COURSE OF OR AS A RESULT OF THE OBSERVATION AND STUDY BY THE PARTICIPANT OF THE OPERATIONS AND FUNCTIONS OF THE TOWN OF CAMILLUS POLICE DEPARTMENT.

This form must be Notarized or witnessed by a Sergeant or higher ranking official of the Town of Camillus Police Department.

Participant's Name

Parent or Guardians Name

Participant's Address

Parent or Guardians Address

City, State, and Zip Code

City, State, and Zip Code

Participant's Phone Number

Parent or Guardians Phone Number

In witness thereof, the undersigned has/have affixed their signature(s) at _____
This _____ day of _____.

Participants Signature

Parent or Guardians Signature

STATE OF NEW YORK)
COUNTY OF _____

On the ____ day of _____ before me personally came _____ being by me duly sworn and to me known and released of liability and he/she acknowledged to me that he/she executed the same.

Notary Public

Camillus Police Sergeant or Higher Rank Witness

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**AUTHORIZATION
TO CONDUCT A CRIMINAL HISTORY AND DMV CHECK**

I, undersigned, hereby authorize the Town of Camillus Police Department to conduct a criminal history record check from any file or all available sources and a Department of Motor Vehicle check from any state or providence on file under the following name(s).

LEGAL NAME _____ **DATE OF BIRTH** _____
(Last) (First) (M) (MM/DD/YY)

OTHER/MAIDEN NAME(S) _____

CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

The purpose of this criminal history and DMV check is _____

It is understood that this search of criminal history records and of the OMV by the Town of Camillus Police Department is for the internal use by the Town of Camillus Police Department. All records received through these checks will be subject to the rules and regulations of the Town of Camillus Police Department and of the controlling agencies from whom the records were obtained.

AUTHORIZING PARTY'S SIGNATURE _____ **DATE** _____

NOTICE: this form must be notarized if not presented in person
