



BURLINGTON POLICE DEPARTMENT

Antonio B. Pomerleau Building
1 North Avenue
Burlington, Vermont 05401

Brandon del Pozo
Chief of Police

Phone (802) 658-2704
Fax (802) 865-7579
TTY/TDD (802) 658-2700

**RELEASE AND WAIVER OF LIABILITY FOR OBSERVERS/PARTICIPANTS/VOLUNTEERS
IN BURLINGTON POLICE DEPARTMENT PROGRAMS**

I, _____, acknowledge that I have received permission from the City of Burlington and its Burlington Police Department (“City” or “BPD”) to observe and/or participate in certain programs of the BPD. This participation is at my request. I understand that the City has granted permission for my participation in a BPD program subject to terms and conditions listed below, a criminal records check and subject to the completion of this Release and Waiver of Liability.

As a voluntary participant, I acknowledge the risks and danger inherent in being present during work performed by the BPD and its police officers and other representatives, and I acknowledge the specific risk of being present in a police cruiser or being present while officers may respond to calls for service. I understand that as a result of these risks, there is a potential for accident and injury to myself or others in the performance of this project. I acknowledge the potential hazards and am voluntarily participating in this project with the knowledge of the danger involved and agree to accept any and all risks of injury, including death, that may occur as a result of my participation. I understand that as a volunteer, I will not be covered by any City insurance program or benefit, to include general liability insurance or worker’s compensation coverage.

As lawful consideration for being permitted by the City to participate in this program, I agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against or sue the City or its agents for injury or damage resulting from my participation or work on this project. I waive any cause of action or claim, or any other acts however caused, against the City or its agents and in particular, the employees or Commissioners of the Burlington Police Department. I discharge and release the City and its agents from all actions, claims or demands that I, my heirs, distributees, guardians, legal representatives and assigns now have or may hereafter have for injury or damage resulting from my participation or presence or otherwise in my presence in this program. I further acknowledge that the City is not liable for any injury or accident that I may cause, or that I may be alleged to have caused, to any other person or property as a result of my participation in the program and that I shall be solely liable for the defense of such claims and for the resulting costs and damages, if any, from such claims.

I affirm that I have no medical condition that will be adversely affected by my participation in this program and I am not currently under the influence of any controlled substances or alcohol.

I understand that I may hear or learn certain information by my presence or participation in this program that would be confidential to members of the Burlington Police Department and the people that it serves. I agree not to disclose any personal information obtained during a call for service or other police investigation or personnel matters regarding employees of the City or Department.

I agree that the following additional terms and conditions apply to my participation in the project:
1) I agree that I am responsible for understanding and for fully complying with all safety requirements outlined by the BPD during my participation in the program; 2) I understand that BPD staff will monitor the participation and presence by volunteers and I agree that if any City or BPD representative direct me to stop my participation or to remove myself from the area, I am obligated and agree to follow such directive.

Do you have a criminal action pending and/or a conviction? YES / NO

Do we have your permission to check your criminal history? YES / NO

Have you read and **do you understand** the above guidelines? YES / NO

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Participant Signature Printed Name Date

Witness Signature Printed Name Date



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RIDE-ALONG APPLICATION

Those who wish to participate in a ride-along must contact Sarah Trieb at (802) 540-2246 at least one week in advance. Completed applications may be emailed to strieb@bpdvt.org.

PREFERRED DAY OF WEEK OR DATE: _____

PREFERRED TIME BLOCK (not before 8:00 a.m. or after 10:00 p.m.): _____

NAME: _____ DATE OF BIRTH: _____ PHONE: _____

ADDRESS: _____
Street/City/State/Zip

E-MAIL ADDRESS: _____

Do you have a criminal action pending and/or a conviction? YES / NO

Do we have your permission to check your criminal history? YES / NO

Have you read and **do you understand** the ride-along guidelines? YES / NO

Please indicate why you would like to do a ride-along (generally, ride-alongs are restricted to Burlington residents, visiting criminal justice professionals, City employees or officials, persons pursuing criminal justice or related education, and members of the media).

Would you like to be contacted by a Police Department Recruiter? YES / NO
If you would like to contact the Recruiter on your own, please call (802) 540-2119.

BY SIGNING THIS DOCUMENT YOU ACKNOWLEDGE YOU HAVE READ AND AGREE TO THE FOLLOWING GUIDELINES:

- Participants will make arrangements for transportation to and from the police department.
- Participants will wear business casual attire (we suggest a collared shirt, slacks and shoes).
- Participants will wear the BPD provided identification badge during ride-alongs.

- Participants will comply with department policies and procedures by using the seat belt and other safety equipment in the police vehicle.
- Participants will not videotape, audiotape or photograph interactions with their host officer unless they receive advance permission from the host officer and the officer in charge. Video and audiotapes are **not** permitted in police vehicles.
- Participants may need to be dropped off in a safe location if their host officer responds to an inherently dangerous call for service. Participants will wait at the arranged drop location for someone to pick them up.
- Participants are encouraged to ask questions about police work. However, bear in mind your host officer may not have all the answers. Host officers also need to listen carefully to radio transmissions so please refrain from asking questions or speaking when there is radio traffic.
- Participants will not interfere in any way with the host officer's handling of a situation. You may ask questions after a matter has been handled and you have left the area.
- Participants may observe an event during the ride-along which might require their appearance in court as a witness. They may also witness events or come into contact with people's personal and confidential information. Participants agree not to discuss the names or personal information of the people encountered during ride-alongs. This is confidential, protected information.
- Participants should know that due to the placement of cruiser equipment the passenger side front airbag in cruisers is disengaged.
- Participants must sign a waiver of liability form (see next page). In the case of a minor, a parent or guardian, must sign the waiver. In essence, the waiver releases the City of Burlington and its officers from liability.
- Participants must present valid government issued identification when they arrive for their ride-along.
- Participants' ride-alongs may be cancelled or modified by the officer in charge to accommodate department needs.

You will be contacted as soon as your application is approved or if we have any questions.

Additionally, I hereby waive any right and/or cause of action that I may have against the City of Burlington, the Burlington Police Department or any officers I encounter which may arise from my participation in the Ride-Along Program.

Signature of Applicant: _____ Date _____

Application Received by: _____

Record check (attached) conducted by: _____ Date: _____

Approved by: _____ Date: _____

Denied by, and Explanation: _____

Applicant notified (date): _____

Officer in Charge: _____ Date _____

Signature of Host Officer: _____ Date _____