

Memorandum

To: All Student Interns, Ride-Along & Volunteers

From: Roger F. Van Loan, Chief of Police

April 2014

Subject: Appropriate Attire & Confidentiality

If you are preparing for a job in law enforcement, you must look the part of a professional. Participation in any of the above Bloomsburg Police programs will require you to look and dress professionally. As a student in an academic environment you are graded by tests, whereas in public, the people you serve will grade you first by your appearance. While with the Bloomsburg Police, you will be viewed as a representative of the culture of policing and the Bloomsburg Police Department, an accredited law enforcement agency.

The following dress guidelines will be adhered to:

MEN are to dress in clean-pressed business attire with a tie. Polished dress business type shoes will be worn with dark colored socks. Sneakers and boots are prohibited. Men will be neatly groomed, clean shaven with no visible tattoos or body piercing.

WOMEN a business pant suit is recommended, however dark dress pants and a professional business blouse may be worn with dress shoes. No high heels or flip-flops. Hair should be neat and pulled back, make-up may be used conservatively. A minimum amount of jewelry may be worn. No visible tattoos or piercings other than one pair of earrings are permitted.

ACT 120 CADETS may wear required class uniform.

Cold Wet Weather: appropriate business jacket – coat.

RIDE ALONG PROGRAM GUIDELINES

The following guidelines have been established to make the program both safe and rewarding.

- Participants must be at least 16 years of age
- A waiver must be signed in person at the Bloomsburg Police Department. The witnessing officer or department employee must initial forms. If under 18 years of age, a parent or guardian must sign in person.
- Participants may ride a maximum of six hours. Do not report for a ride if the date and time have not been verified.
- A records check may be made on the ride along candidate. If cleared, the ride along candidate will be contacted and an appointment made for a date and time to ride along.
- Proper attire is required. The candidate should dress neatly, cleanly, and conservatively. The shift sergeant or officer in charge may cancel a ride if inappropriate attire reflects negatively in any way upon the program or department. See appropriate attire & confidentiality memorandum.
- Participants must be prompt in reporting to the shift sergeant or officer in charge for officer and car assignment.
- Participants are not permitted to leave the police car at any time unless instructed to do so by assigned officer.
- Participants are not permitted to handle any of the Department equipment except in an emergency.
- Participants must wear their seatbelts whenever the vehicle is in motion.
- No alcoholic beverages or drugs are to be consumed prior to the ride. The smell of alcoholic beverages or marijuana, etc., on the breath will prohibit one from riding.
- Cameras and recording devices will not be permitted.
- No firearms or other weapons may be carried during the ride along.
- Participants may terminate their ride by requesting to be returned to the station at the next convenient opportunity.
- Officers dispatched to a dangerous call for service will immediately find a safe location and drop off participant and make appropriate arrangements to have the participant picked up.
- Only one participant may ride in a car at a time, and only two participants may be scheduled per shift.
- Participants shall not interfere in any way with an officer's investigation of any situation. Riders are encouraged to ask questions concerning an incident after the officer has cleared the scene.
- Participants may be called to court as a witness for any events they observe.
- Officers have the right to return a participant to the station for inappropriate behavior. The shift sergeant or officer in charge will review the incident and determine if the ride is to be terminated or the participant reassigned to a different officer.
- The Chief of Police has the option of limiting or canceling the ride along program as dictated by the needs of their command such as special events or personnel shortages. Whenever possible, 24 hours notice will be given to any scheduled participants.
- Ride alongs are permitted 0800 hours to 2400 hours only.

RIDE-ALONG PROGRAM APPLICATION

Name: _____ AGE: _____ DOB: _____
(Please Print Full Name)

ADDRESS: _____

NAME OF SCHOOL OR
EMPLOYMENT: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DRIVERS LICENSE NO. _____ Expiration Date: _____

Are you currently under doctor's care? _____ Yes _____ No

Are you currently taking any medication? _____ Yes _____ No

If yes, what kind? _____

Have you ever been arrested for a misdemeanor or felony crime? _____ Yes _____ No

Have you read and understood the guidelines for the ride? _____ Yes _____ No
(Bring waver with completed application)

Have you completed and do you understand the waiver form? _____ Yes _____ No

State reason you wish to ride in a police car. _____

List three dates and the time of arrival that would be convenient for you to ride along:

1. Day / Date _____ Time _____ a.m. ___ p.m. ___

2. Day / Date _____ Time _____ a.m. ___ p.m. ___

3. Day / Date _____ Time _____ a.m. ___ p.m. ___

(Signature of Applicant)

(Date)

(Chief of Police)

APPROVED _____

REJECTED _____

Prohibited Attire:

- Colored hair (colors not found in nature)
- Visible Tattoos – Body Art
- Baseball Hats – Skull Caps
- Blue Jeans or Jean jackets
- T-Shirts or Muscle Shirts
- Shorts – Cut offs
- White Socks – No socks
- Sweatshirts
- Multiple earrings
- Sneakers – Flip-Flops
- Nose-Rings & other visible body piercing
- Excessive Jewelry
- Gel-spiked hair
- Torn, ripped, soiled clothing, excessively tight fitting clothing
- Smoking or use of smokeless tobacco is prohibited.

Failure to comply with the following attire protocol will result in your dismissal from the above programs

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is a legal and binding agreement of understanding between the Bloomsburg Police Department and _____ who is participating in a Ride-Along, Student Internship, Volunteer or other voluntary program.

This MOU serves notice to the participant that policing, by its very nature, may at times unintentionally subject the participant to sensitive, legal and confidential materials, incidents and conversations. The incidents that may occur during the event could be violent and offensive in nature, involve serious crimes, accident and crime scenes that may result in criminal prosecution by police or civil action by victims.

In the interest of the safety and integrity of the agency, the Town of Bloomsburg Police Department and its officers, police practices as outlined in its Standard Operating Procedure are confidential in nature. Participants are prohibited from discussing day- to-day protocol with members of the public, the media or others.

In addition, this MOU serves notice to participants that the participant is prohibited from taking notes, photographs, recordings, removing files, reading computer or paper files, offense reports, arrest reports, incident reports, search warrants, traffic citations, non-traffic citations or parking tickets without explicit permission from police. Participants are prohibited from speaking to the media, attorneys, suspects, witnesses, victims or peers about incident matters or police discussion that takes place while participating with the Bloomsburg Police Department.

Any report, thesis, term paper, video, Power Point or other document written or prepared by the participant will be provided to the Chief of Police for review before submitting the document to an academic instructor.

I understand the above MOU and agree to abide by the MOU:

Signed: _____ Date: _____

WAIVER & RELEASE FORM

NAME: _____ **AGE:** _____

ADDRESS:

PHONE: _____

For myself and my estate, in consideration of the Town of Bloomsburg Police Department, and allowing me to participate at my request in a Ride-Along Program, Student Internship, Police-Community volunteering or other non-compulsory police event, I hereby waive, release and discharge the Bloomsburg Police department, it's officers, the Town of Bloomsburg, Mayor, council, administrator and Chief of Police forever from all claims, demands, rights and causes of action of whatever kind arising from any and all known and unknown circumstances; including unforeseen death, bodily injury, damage to property and the consequences therefore resulting from my participation in said listed above or other non-compulsory program which I as a participant requested to participate in, and covenant not to sue for any said death, injuries and or damages.

Signature of participant: _____

Date: _____

Signature of Parent or Guardian: _____

(If under 18)

6.

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

AUTHORIZE A DULY ACCREDITED REPRESENTATIVE OF THE TOWN OF BLOOMSBURG TO OBTAIN ANY INFORMATION RELATING TO MY ACTIVITIES FROM INDIVIDUALS, SCHOOLS, RESIDENTIAL MANAGEMENT AGENTS, EMPLOYERS, CRIMINAL JUSTICE AGENCIES, FINANCIAL OR LENDING INSTITUTIONS, CREDIT BUREAUS, CONSUMER REPORTING AGENCIES, RETAIL BUSINESS ESTABLISHMENTS, MEDICAL INSTITUTIONS, HOSPITALS OR OTHER REPOSITORIES OF MEDICAL RECORDS. THIS INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO MY ACADEMIC, RESIDENTIAL, ACHIEVEMENT, PERFORMANCE, ATTENDANCE, PERSONAL HISTORY, DISCIPLINARY, CRIMINAL HISTORY RECORD, ARREST, CONVICTION, MEDICAL PSYCHIATRIC/PSYCHOLOGICAL AND FINANCIAL AND CREDIT INFORMATION. I DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF ANY DULY ACCREDITED REPRESENTATIVE OF THE TOWN OF BLOOMSBURG REGARDLESS OF ANY AGREEMENT I MAY HAVE MADE WITH YOU PREVIOUSLY TO THE CONTRARY. I HAVE BEEN ADVISED THT THE ORIGINAL OF THIS AUTHORIZATION WILL BE PLACED ON FILE WITH THE TOWN OF BLOOMSBURG. THE AUTHORIZATION WILL EXPIRE IN FIVE (5) YEARS OR UPON THE TERMINATION OF MY AFFILIATION WITH THE TOWN OF BLOOMSBURG, WHICHEVER IS SOONER.

Print Name (Last, First, Middle): _____

Address: Street, City, State: _____

Date of Birth: _____ Social Security Number: _____

Contact Phone Number: _____

Signature: _____ Date: _____

Notary Signature: _____ Date: _____

Notary Seal: