

**GERRISH TOWNSHIP POLICE DEPARTMENT**  
**INSTRUCTIONS FOR THE CITIZEN RIDE-ALONG PROGRAM**  
**PARTICIPANT**

FAILURE TO FOLLOW THE RULES OF THE CITIZEN RIDE-ALONG PROGRAM OR THE INSTRUCTIONS OF THE OFFICER CAN RESULT IN IMMEDIATE TERMINATION OF THE RIDE-ALONG EXPERIENCE.

**Rules of Conduct for a Civilian Ride-Along**

- A. Participants have no police power and shall not take any law enforcement action unless they are directed to do so by an officer of this Department.
- B. Participants shall respect and maintain the confidentiality of the Department's information and records.
- C. Participants shall not use Department communications equipment except in extreme emergencies.
- D. Participants shall not use Department computers except as authorized by an officer of the Department. At no time shall a Participant have any access to LEIN.
- E. Participants shall not operate any vehicle during their Ride-Along assignment.
- F. Participants shall not handle any evidence.
- G. Participants shall not engage in conversation with people involved in complaint activity or those under the control of the Department.
- H. Participants shall follow the rules of the Program and direction of the officer to whom they are assigned or any commanding officers.
- I. Participants are to remain with the patrol vehicle during their Ride-Along unless otherwise directed by an officer.
- J. Participants shall wear business casual attire.
- K. The participant may carry a flashlight for purposes of illumination.
- L. Participants are prohibited from possessing or carrying a firearm or ANY other weapons during the Ride-Along.
- M. Participants shall not smell of, possess or consume alcoholic beverages during the Ride-Along.
- N. Participants shall not use any form of tobacco products while in department buildings, in any department owned vehicles, in places prohibited or while in view of the public.

- O. Police Officers from other jurisdictions may apply to participate in the program but they must have the approval of the Chief Executive Officer of the Department for which they are employed. They may not be armed and can not participate in police action taken by this Department.

**APPLICATION FOR PARTICIPATION IN THE  
GERRISH TOWNSHIP POLICE DEPARTMENT  
CITIZEN RIDE-ALONG PROGRAM**

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL, PSYCHOLOGICAL OR MEDICAL RESTRICTIONS  
THAT COULD INFLUENCE YOUR PARTICIPATION IN THE RIDE-ALONG PROGRAM?

Y    N    IF YES, WHAT? \_\_\_\_\_

ARE YOU UNDER A DOCTORS CARE?    Y        N  
IF YES, WHY? \_\_\_\_\_

ARE YOU A STUDENT?    Y        N  
NAME OF SCHOOL: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME?    Y        N  
IF YES, LIST THE AGENCY, YEAR AND WHAT YOU WERE CHARGED WITH AND/OR  
CONVICTED OF: (USE THE BACK OF THE FORM IF NECESSARY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU OR ANY OF YOUR FAMILY MEMBERS BEEN INVOLVED IN ANY CIVIL  
LITIGATION OR DISPUTE INVOLVING THIS MUNICIPALITY?    Y        N

ARE YOU CURRENTLY UNDER THE JURISDICTION OF ANY COURT OF THESE  
UNITED STATES?    Y        N

ARE YOU CURRENTLY UNDER THE ORDERS OF A PERSONAL PROTECTIVE ORDER  
OR ANY BOND RESTRICTION?    Y        N

MY SIGNATURE ON THIS FORM CERTIFIES THAT THE INFORMATION PROVIDED  
AND ANSWERS TO THE QUESTIONS ARE TRUE AND A CORRECT  
REPRESENTATION OF THE FACTS. MY SIGNATURE ALSO AUTHORIZES THE  
GERRISH TOWNSHIP POLICE DEPARTMENT TO CONDUCT A REVIEW OF MY  
INFORMATION TO DETERMINE MY ELIGIBILITY TO PARTICIPATE IN THE CITIZEN  
RIDE-ALONG PROGRAM. I AGREE TO ABIDE BY THE RULES OF THE CITIZEN RIDE-

ALONG PROGRAM AND I UNDERSTAND THAT THE DEPARTMENT CAN TERMINATE MY PARTICIPATION IN THE PROGRAM AT ANY TIME. I ALSO AGREE TO WAIVE ALL LIABILITY, HOLDING THE MUNICIPALITY HARMLESS DURING THE TIME I AM PARTICIPATING IN THE PROGRAM.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF APPLICANT IS UNDER 18 YEARS OF AGE, A CUSTODIAL PARENT OR GUARDIAN OF THE APPLICANT MUST SIGN AS APPROVAL FOR THE APPLICANT TO PARTICIPATE IN THE PROGRAM. THE CUSTODIAL PARENT OR GUARDIAN MUST ALSO SIGN A WAIVER OF ALL LIABILITY, HOLDING THE MUNICIPALITY HARMLESS.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**DEPARTMENT USE ONLY**

APPROVAL: Y N APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE NOTIFIED: \_\_\_\_\_

IF NO, REASON:

\_\_\_\_\_  
\_\_\_\_\_

RIDE-ALONG ASSIGNMENT:

DATE: \_\_\_\_\_ HOURS: \_\_\_\_\_

ASSIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICER RIDE-ALONG ASSIGNED TO: NAME: \_\_\_\_\_

SHIFT COMMANDER NOTES OF INTERVIEW: (USE BACK IF NEEDED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GERRISH TOWNSHIP POLICE DEPARTMENT**  
**RIDE-ALONG PROGRAM RELEASE AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, acknowledge and understand that, as a participant in the Ride-Along Program with Gerrish Township Police Department many or all of the activities in which I may participate, may expose me to serious risks of severe physical and/or emotional injuries and/or death. With full knowledge of those risks, I nonetheless request that I be permitted to participate in the Ride-Along Program. I further attest that I have carefully read and understand the procedures outlined in the Ride-Along Program Guidelines and agree to act only as an observer and to take no active part in any police action.

In consideration for allowing me to participate in the Ride-Along Program, I, for myself and for my agents, representatives, heirs and assigns, do hereby agree to defend, indemnify and hold harmless, and further hereby do demise, release and forever discharge the Gerrish Township Police Department, including its respective officials, officers, employees, agents, representatives and successors from and against any and all liabilities, losses, personal injury claims, wrongful death claims, property damage, suits, judgments, damages, costs, expenses, legal fees, and controversies of any kind at law and in equity, which may be asserted against Gerrish Township Police Department which arise out of, or in any way are associated, directly or indirectly to my participation in the Ride-Along Program.

UNDERSIGNED DOES HEREBY WAIVE ALL CAUSES OF ACTION, DAMAGES, CLAIMS AND DEMANDS AND FOREVER DISCHARGES GERRISH TOWNSHIP POLICE DEPARTMENT INCLUDING ITS RESPECTIVE OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES AND SUCCESSORS FROM ANY AND ALL CLAIMS, DEMANDS, LIABILITIES, AND CONTROVERSIES INCLUDING COSTS OF ATTORNEY FEES, WHICH MAY ARISE OUT OF AND/OR ARE ASSOCIATED IN ANY WAY, DIRECTLY OR INDIRECTLY TO THE UNDERSIGNED'S PARTICIPATION IN THE RIDE-ALONG PROGRAM INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF GERRISH TOWNSHIP POLICE DEPARTMENT AND/OR ANY OF THEIR RESPECTIVE OFFICIALS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES.

UNDERSIGNED AGREES THAT HE/SHE WILL NOT DISCLOSE, EXCEPT AS MANDATED BY AN ORDER OF THE COURT, ANY INFORMATION OR DEPARTMENTAL POLICIES THAT MAY BE REVEALED DURING THE RIDE-ALONG PROGRAM, INCLUDING BUT NOT LIMITED TO THE NAMES, ADDRESSES AND NATURE OF INTERACTIONS WITH CITIZENS AND DEPARTMENTAL POLICIES AND REGULATIONS.

I ACKNOWLEDGE AND AGREE THAT I HAVE CAREFULLY REVIEWED THE ABOVE LANGUAGE AND UNDERSTAND AND ACCEPT ALL OF ITS TERMS AND CONDITIONS, I ACCEPT THAT THE EXECUTION OF THIS INSTRUMENT IS REQUIRED ONLY ONCE, AND THEREAFTER IT SHALL CONSTITUTE A PERMANENT WAIVER, AND THAT I HAVE SIGNED IT VOLUNARILY FREE FROM DURESS OR UNDUE INFLUENCE.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared before me personally and acknowledged that he/she had read the foregoing Release and Indemnity Agreement and that he/she had executed same on his/her own free will.

\_\_\_\_\_  
*Signature of Notary*

\_\_\_\_\_, Notary Public  
*Notary Name Printed*

\_\_\_\_\_ County, State of Michigan

My Commission Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**GERRISH TOWNSHIP POLICE DEPARTMENT**  
**Non-Disclosure and Confidentiality Agreement (LEIN)**

During the course of visitation/ride-along with the GERRISH TOWNSHIP POLICE DEPARTMENT you may be exposed to confidential criminal records and/or Michigan Secretary of State Records Information. The confidentiality of this information is controlled by statute. The misuse of such information may adversely affect an individual's civil rights and violates the law.

Misuse of the Michigan State Police Law Enforcement Information Network (LEIN) and its interfaced systems violates Michigan Compiled Law 28.214, Section 4 of the C.J.I.S. Policy Council Act. Misuse of the FBI National Crime Information Center (NCIC) is subject to additional federal criminal and/or civil penalties. Misuse of criminal history record information obtained through NCIC violates the Code of Federal Regulation, Title 28, Section 20.25. Misuse of Secretary of State (SOS) records violates State of Michigan driver and vehicle privacy protections laws [MCL 28.95a, 257.902, 257.903, 324.80130d, 324.80319a, 324.81120, 324.82160, and other provisions of law]. Misuse of motor vehicle records is subject to additional federal criminal and/or civil penalties.

Violation of this law, by you, as an observer of the procedures of the GERRISH TOWNSHIP POLICE DEPARTMENT, may result in your being prosecuted in a criminal and/or civil action.

Participants may be exposed to privileged and confidential information and must agree not to discuss such information with anyone.

Participants shall respect and preserve the confidentiality of all names of persons and information learned through the visit/ride-along, unless otherwise authorized.

Participants shall not use department equipment, including computers, cameras, and recording equipment except when directly authorized by department staff or in extreme emergencies.

Under the requirements of the federal Health Insurance Portability and Accountability Act (HIPAA), visitors/ride-along participants who may come into contact with private health related information will agree in writing, to keep all confidential information learned during their visit/ride-along participation confidential.

WHEREAS in connection with the undersigned's participation in the GERRISH TOWNSHIP POLICE DEPARTMENT's Visitation/Ride-Along Program, the undersigned may become privy to certain information that should not be disclosed to other individuals and which may include data which is classified as private, confidential or non-public under State and Federal law;

NOW, THEREFORE, in consideration of the promises and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the undersigned does hereby:

Agree to refrain from disclosing to a spouse, parent, child, friend or any other individual information of any nature that the undersigned may obtain through his/her participation in the GERRISH TOWNSHIP POLICE DEPARTMENT's Visitation/Ride-Along Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

***\*Provide with copy of Notification of Criminal Penalties and Civil Action for the Misuse of LEIN***



## Notice of Criminal Penalties and Civil Action for the Misuse of LEIN

Misuse of the Michigan State Police Law Enforcement Information Network (LEIN) and its interfaced systems violates Michigan Compiled Law 28.214, Section 4 of the C.J.I.S. Policy Council Act:

(3) A person shall not access, use, or disclose nonpublic information governed under this act for personal use or gain.

(5) A person shall not disclose information governed under this act in a manner that is not authorized by law or rule.

(6) A person who intentionally violates subsection (3) or (5) is guilty of a crime as follows:

(a) For a first offense, the person is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both.

(b) For a second or subsequent offense, the person is guilty of a felony punishable by imprisonment for not more than 4 years or a fine of not more than \$2,000.00, or both.

Misuse of the FBI National Crime Information Center (NCIC) is subject to additional federal criminal and/or civil penalties. The federal Privacy Act of 1974 states:

(3) Any person who knowingly and willfully requests or obtains any record concerning an individual from an agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5,000. [5 USC Sec.552a(i)]

Misuse of criminal history record information obtained through NCIC violates the Code of Federal Regulation, Title 28, Section 20.25:

Any agency or individual violating subpart B [State and Local Criminal History Record Information] of these regulations shall be subject to a civil penalty not to exceed \$11,000 for a violation occurring on after September 29, 1999.

Misuse of Secretary of State (SOS) records violates State of Michigan driver and vehicle privacy protections laws. [MCL 28.295a, 257.902, 257.903, 324.80130d, 324.80319a, 324.81120, 324.82160, and other provisions of law.]

Under Michigan law, a person who makes a false representation or a false certification to obtain personal information or who uses personal information for a purpose other than a permissible purpose identified in the law is guilty of a felony, which may be punishable by imprisonment for up to 5 years and/or a fine of up to \$5,000. Subsequent convictions may result in imprisonment for up to 15 years and/or a fine of up to \$15,000.

Misuse of motor vehicle records is subject to additional federal criminal and/or civil penalties. The federal Driver's Privacy and Protection Act of 1994 states:

18 USC Sec. 2723:

(a) Criminal Fine. – A person who knowingly violates this chapter shall be fined under this title.

Notice of Criminal Penalties and Civil Action for the Misuse of LEIN

18 USC Sec. 2724:

- (a) Cause of Action. – A person who knowingly obtains, discloses or uses personal information, from a motor vehicle record, for a purpose not permitted under this chapter shall be liable to the individual to whom the information pertains, who may bring a civil action in a United States district court.
- (b) Remedies. – The court may award –
  - (1) actual damages, but not less than liquidated damages in the amount of \$2,500;
  - (2) punitive damages upon proof of willful or reckless disregard of the law;

I have read and understand the above Notice of Criminal Penalties and Civil Action and I agree to comply with its contents. Further, I understand that any violation of its contents may result in disciplinary action and/or referral for prosecution.

\_\_\_\_\_  
Employee/User Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

The LEIN Terminal Agency Coordinator is responsible for reporting to LEIN Field Services all known or suspected wrongful or personal access, use, or disclosure of information obtained from LEIN/NCIC/SOS. To report inappropriate access to the Michigan State Police Law Enforcement Information Network, or its interfaced systems, please visit:

<http://www.michigan.gov/lein>

Or, send an e-mail to [MSP-LEINComplaints@michigan.gov](mailto:MSP-LEINComplaints@michigan.gov)