



# BLOOMFIELD POLICE DEPARTMENT

785 Park Avenue, Bloomfield, CT 06002-2444  
Tel: (860) 242-6060 Fax: (860) 242-9316  
[www.bloomfieldct.gov](http://www.bloomfieldct.gov)

## PARTICIPATION IN POLICE DEPARTMENT ACTIVITIES: APPLICATION, ASSUMPTION OF RISK, RELEASE, & WAIVER

BPD-Z32

ACTIVITY/PROGRAM: Ride-Along  Firing Range  CPA  Other  \_\_\_\_\_

### PROGRAM INFORMATION:

An applicant must live in Bloomfield and be at least 21 years old to participate in the Citizens' Police Academy or firing range activity or be at least 18 years of age (or be 14 – 17 years old and have a parent's signed permission) to participate in other Department programs.

In submitting this application, the applicant agrees to a background check to be conducted by the Department. The Bloomfield Police Department reserves the right to deny participation in any program based on the information in this application and/or findings from the background check.

### APPLICANT INFORMATION:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # & State: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How long have you lived at present address? Years - \_\_\_\_\_ Months - \_\_\_\_\_

Previous residence if at present address less than five years:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer or School: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Tel. No.: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Personal Reference that we may contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Have you ever been arrested/convicted of a crime? NO  YES  If YES explain.

Reason you wish to participate in the program(s) checked above: \_\_\_\_\_

Recognizing that there may be some minor physical activity involved, do you have any medical or emotional conditions that may be adversely affected by your participation in the program(s) requested?

NO  YES  If YES explain in a separate, attached sheet and note the medical waiver in the Release and Indemnification section below,

## **APPLICATION TO PARTICIPATE IN POLICE DEPARTMENT ACTIVITIES: continued –**

### **RELEASE AND INDEMNIFICATION**

In consideration of the benefits I may derive by being allowed to participate in the police programs checked above –including, when checked, to observe police operations by riding in a vehicle operated by members of the Bloomfield Police Department, I, the undersigned, with full knowledge of the inherent dangers of police work and with an intent to expose myself to said known dangers, do hereby for myself, my heirs, executors and administrators, assume all risks associated with my participation and waive all future claims I may have arising therefrom, including but not limited to financial loss, property damage, physical, emotional and psychological trauma and injury, death, and any other damages. I do hereby release and indemnify the Town of Bloomfield, its officials and any other employee or agent from any and all liability whatsoever for any said injuries, accidents and/or damages caused by or incurred as a result my voluntary participation in these police programs and/or being in accompaniment of a Bloomfield Police Officer or other personnel whether said injuries, damages and/or claims occur as the result of negligence or reckless actions of said officer in the use of said vehicle, firearms, or other police equipment of any kind, and whether occurring in the line of duty or outside the line of duty while making arrests or investigating accidents, criminal acts, domestic complaints, or any other matter.

The undersigned has carefully read and fully understands this waiver and assumption of risks and intends that this agreement be as broad and inclusive as permitted by the laws of the State of Connecticut. The undersigned affirms that this waiver has been entered into voluntarily and is binding upon the undersigned and his/her heirs, successors, executors and/or administrators.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is less than 18 years old:

Parent or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's printed name: \_\_\_\_\_

### **INSTRUCTIONS AND RESTRICTIONS PERTAINING TO RIDE-ALONGS**

1. Persons participating in a ride-along are allowed to observe but are prohibited from taking action except:
  - a. When directed by a police officer to come to his or her aid as discussed in CGS §53a.22 and §53a.167b or when exigent circumstances make the need for immediate assistance clearly essential to the prevention of death or serious injury.
  - b. When the participant is a sworn law enforcement officer from another agency.
  - c. When the participant is a student intern taking part in a training program which requires direct participation.
2. The participant shall not enter the home of a victim, shall not be allowed access to a crime scene or accident scene, and shall not accompany police on hazardous police activities such as raids or hostage situations.
3. The participant shall not enter the prisoner lock-up area.
4. A participant shall not use still or video cameras or other recording devices, including audio, during a ride-along.
5. During a ride-along the participant shall not engage in any activity intended to further enhance the participant's
  - a. political candidacy such as photo opportunities, field interviews, distribution of political brochures, etc.
  - b. personal financial gain such as soliciting business or distributing advertisements, fliers or business cards.
6. A participant 14 – 17 years of age must be accompanied by a parent or guardian.

**I have read and understand the restrictions listed above and agree to abide by them during the ride-along.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian Signature (if applicable): \_\_\_\_\_

**APPLICATION TO PARTICIPATE IN POLICE DEPARTMENT ACTIVITIES: continued –**

**NON-DISCLOSURE AGREEMENT**

**I will not discuss with or disclose to any unauthorized individuals any information I observe or may otherwise become privy to with respect to the following:**

1. Law Enforcement Agencies System (LEAS) data.
2. COLLECT or NCIC data.
3. Criminal history information for any person.
4. Any juvenile-related information.
5. Any information of a sensitive nature related to on-going investigations.
6. Any criminal intelligence or confidential informant Information.
7. Private personal information about other citizens including personnel of the Police Department.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian Signature (if applicable): \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

All information on the above application is true and accurate. I authorize the Bloomfield Police Department to conduct a criminal background check based on this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian Signature (if applicable): \_\_\_\_\_

Subscribed and Sworn to Before Me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

ID: \_\_\_\_\_

\_\_\_\_\_  
Signature of Sworn Officer / Notary

**When your application has been approved, you will be contacted to schedule your program.**

**Please understand that, depending upon certain circumstances, your program could be cancelled at any time including while it is occurring.**

**Please return this completed application (all three pages) to:**

**Bloomfield Police Department  
Attn: Community Services Sergeant**

**Police Department Use Only**

Program: APPROVED / DENIED      Scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_

By: \_\_\_\_\_ / \_\_\_\_\_  
Supervisor      ID

Program: Completed: \_\_\_\_\_ Cancelled: \_\_\_\_\_ Citizen did not participate: \_\_\_\_\_

Community Services Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_