



Sebastian Police Department

1201 Main Street
Sebastian, Florida 32958

(772) 589-5233
(772) 589-2207

CIVILIAN RIDER OR OBSERVER APPLICATION

Name: _____ Date: _____
Last First Middle/Maiden

DL#: _____ DOB: _____ Race: _____ Sex: Male Female

Address: _____ Phone: _____
Street City State Zip Code

E-Mail Address (*Required) _____

Do you have any physical or mental conditions which might hinder your participation in this program? Yes No

Do you have any pending criminal Charges? Yes No Have you ever been convicted of a felony? Yes No

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

ALL REQUESTS SHALL BE RECEIVED AT LEAST SEVEN (7) BUSINESS DAYS (EXCLUDING WEEKENDS AND HOLIDAYS) PRIOR TO THE DATE OF THE OBSERVATION

WAIVER OF LIABILITY (MUST BE SIGNED BY PARTICIPANT AND ATTESTED TO)

For and in consideration of the undersigned being given the opportunity of observing police operations and functions of the City of Sebastian Police Department by riding in a car or boat operated by the members of the police department, and by any and all other means of observation whatsoever, the undersigned, in order to avail him/herself of said opportunity, recognized and assumes any and all risks pertaining hereto, and hereby releases the City of Sebastian, it's officials, officers, and all other personnel of the City of Sebastian from any and all liability whatsoever for any injuries, damages and claims of the undersigned, his/her heirs, dependents, and assigns may sustain in and about any patrol car or in any other way during the course of the observation and studies by the undersigned of the operations and functions of the City of Sebastian Police Department .I certify that I am aware of the potential risk involved in accompanying a police officer during the performance of his/her duties and possess sufficient skills, coordination and physical fitness to safely participate in the civilian observer program. I affirm that I have read and understood the above waiver of liability and understand I am giving up my right to sue the City of Sebastian in case of any injury due to the inherent risks of the civilian observer program or due to negligence of a member of the City of Sebastian Police Department; and voluntarily signing the waiver and participating. I further agree to comply with all the rules and regulations of the civilian observer program and instructions or orders issued by members of the police department in connection with the civilian observer program.

I understand that during my observation I may become the recipient of information that may be confidential or sensitive in the computerized law enforcement data systems. I will not disclose to anyone any confidential or sensitive information as a result of my observation without written permission of the Chief of Police.

Printed Name _____ Signature: _____ Date: _____



Sebastian Police Department

1201 Main Street
Sebastian, Florida 32958

(772) 589-5233
(772) 589-2207

OBSERVER RULES AND GUIDELINES

1. All participants must read, agree, and abide by all rules and guidelines and complete the civilian observer application. If the participant is a juvenile, the parent(s) or guardian(s) must sign the waiver, and have it notarized before an approval can be granted.
2. Participants are only permitted to ride twice very year and will last no more than eight hours, unless approved by a supervisor.
3. Participants must have a valid photo ID or driver's license with them when reporting for their scheduled observation. Participants must have no felony convictions and no pending criminal charges and must be of good moral character as defined by Florida Administrative Code 11B-27.001.1
4. Participants must be dressed in business casual attire (no shorts, halter tops, t-shirts, or open toe shoes). If a participant shows up for their observation and they are not wearing appropriate clothing they will be denied participation in the observation program.
5. Participants will be considered an observer only and will be under the direct supervision of the assigned officer.
6. Participants will conduct themselves in a civil and courteous manner at all times.
7. Participants must wear their seatbelt at all times while in the patrol car.
8. Participants must remain in the patrol car unless otherwise directed by the assigned officer.
9. In the case of a potentially dangerous or hazardous call, the participant may be dropped off at a safe location. If this occurs, the officer will give the participant specific instructions and arrange to have them picked up by another officer. Please note that this is for the safety of the participant.
10. Participants must not become involved in any incident that the officer is handling. This includes discussion of an incident with victims, witnesses or suspects.
11. No video recordings, cameras, or similar devices are allowed without prior approval from the Chief of Police or his/her designee.
12. For security and safety reasons, participants are not allowed to handle or use any of the officers equipment or the equipment in the patrol vehicle.
13. Failure to comply with any of the above listed rules and guidelines will result in immediate termination of the observation.

IF APPLICANT IS UNDER 18 YEARS OF AGE, THE BELOW SECTION MUST BE COMPLETED PRIOR TO SUBMITTING THE APPLICATION

I am the parent or legal guardian of: _____, who is requesting to participate in the civilian observer program of the City of Sebastian. I hereby give my permission for this observation and agree to all terms set forth in the civilian observer application.

Signat

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone #: _____

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

Before me personally appeared _____, who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____ 20_____

My commission Expires _____

NOTARY PUBLIC/LEO

FOR DEPARTMENT USE ONLY

CJIS CERTIFICATE OBTAINED: Yes No Date: _____

VALID ID Card Or Driver's License? Yes No Results: Valid Suspended/Revoked None

Criminal History Check: Yes No Results: _____

Supervisor Approval: Yes No Signature: _____ Date: _____

Officer Assigned: _____ Date: _____