Dear Prospective HCPP Volunteer:

Thank you for your interest in the Omaha Police Department’s Volunteer Handicap Parking Enforcement program. Enclosed please find informational brochures and an application packet. One enclosure briefly describes our Citizens in Omaha Police Service (C.O.P.S.) Volunteer Program, while the other enclosure specifically describes our Handicap Parking Enforcement program. This literature should help you determine if our Handicap Parking Enforcement Program meets your interests as a volunteer. If you are still interested in participating in the Handicap Parking Enforcement program after reviewing the enclosed materials, please complete the enclosed application packet. A pre-addressed envelope has been included for your convenience. The application packets includes:

1. **Volunteer Application** – provides background information on the applicant.
2. **Volunteer/Intern Agreement** – lists specific rules and regulations governing a volunteer of the Omaha Police Department. Requires the signature of the applicant.
3. **Volunteer/Intern Statement of Confidentiality and Waiver Form** – addresses specific topics a volunteer agrees to uphold. Requires the signature of the applicant.
4. **Emergency Data Sheet** – provides contact information in the event of an emergency.
5. **HCPP Volunteer Agreement** – addresses specific duties a HCPP volunteer agrees to support. Requires the signature of the applicant.
6. **Application for OPD Security Pass** – requires information to request a security pass and building access chip (complete highlighted portions).
7. **Two Release Forms** – **Criminal** background and an **Employee** background. Please complete the release forms in front of a notary public that will witness your signature. You may contact me if you would like to use a notary from the Omaha Police Department. **Unless these forms are signed and notarized, your application cannot be processed.**
8. **Ride Along Request form**
9. **Ride Along Release form**
10. **Copy of valid drivers license**

Please note that employment and personal reference checks, a criminal history background check and a personal interview are required for all applicants. Do not hesitate to contact me at (402) 444-3598 should you have any questions regarding our program.

Thank you again for your interest in our Volunteer Handicap Parking Enforcement Program. I look forward to hearing back from you.

Sincerely,

Coordinator of Volunteers & Interns

“To Serve and Protect” • An Internationally Accredited Law Enforcement Agency
OMAHA POLICE DEPARTMENT

Volunteer Application

Today’s Date __________________________

Name _________________________________

Last  First  Middle

Maiden / Other Names __________________________

Current Residence Phone __________________________  Business Phone __________________________

Cell phone __________________________  E-mail Address __________________________  Date of Birth __________________________

Birth State __________________________

Social Security No. __________________________  Driver’s License No. / State __________________________

US Citizenship ___ Yes ___ No. If No, Citizen of which country________________ US Visa Classification __________________

List all the addresses where you have lived in the past five (5) years, beginning with your present address and list previous ones. Attached additional sheets if necessary.

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SKILLS / EDUCATION

What skills/education do you possess? ________________________________________________________________

______________________________________________________________________________________________

Do you speak or read a foreign language? ______  Which one(s)? __________________________

OPD Form 112 (02/17)
**CRIMINAL HISTORY**

Have you been convicted of a felony or misdemeanor crime?  Yes ( )  No ( )  If yes, explain on page 4.

**EMPLOYMENT HISTORY**

List all employment you have had over the past ten (10) years, beginning with the most recent. Include military, full and part-time employment and all periods of employment. Attach additional sheets if necessary.

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**PERSONAL REFERENCES**

List only persons you have known for at least six (6) months. Do not list relatives, current or former employers, teachers or physicians. **PLEASE INCLUDE EMAIL ADDRESSES**

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<thead>
<tr>
<th>Name: Last/First/Middle</th>
<th>Home Address, City, State, Zip Code</th>
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**Additional Questions:**

Have you ever been convicted of any type of crime involving domestic violence? Yes ( ) No ( )

Have you ever committed an act of domestic violence? Yes ( ) No ( ) If yes explain on page 4.

Have you ever been involved in a child abuse or child neglect investigation of any kind? Yes ( ) No ( ) If yes explain on page 4.

Have you ever had a Protection Order sworn out against you? Yes ( ) No ( ). Explain on page 4.

Have you ever sworn out a Protection Order on any one else? Yes ( ) No ( ) Explain on page 4.

Have you ever been a victim of a domestic disturbance? Yes ( ) No ( ) If yes explain on page 4.

Have you used marijuana, illegal drugs, or abused prescription drugs? Yes ( ) No ( )
If yes, name the substance, the frequency of use, and period of uses on page 4

Have you ever bought, sold, distributed, manufactured or abused illegal drugs? Yes ( ) No ( )
If yes, name the substance, the frequency of use, and period of uses on page 4

Since the age of sixteen, have you ever taken money or property from an employer or stolen money or property from someone else? Yes ( ) No ( )
If yes, explain the circumstances, item or amount, and when on page 4.
How were you referred to the Omaha Police Department Volunteer Program?

Have you ever been employed or volunteered with the City of Omaha? Yes ( ) No ( ). If yes, which Department and when?

Have you or are you currently receiving treatment/counseling for psychiatric problems? Yes ( ) No ( ) If yes, list when, where, and why.

CERTIFICATION STATEMENT

I certify that all of the above questions have been answered to the best of my knowledge, and I understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination from volunteering. **I understand before being accepted into this program a criminal history check, personal history check, reference check and personal interview will be conducted.**

(Date) (Signature)

When Using This Additional Space Page Note The Specific Section

OFFICIAL USE ONLY

Date Started ___________________________ Date Ended ___________________________
OMAHA POLICE DEPARTMENT
VOLUNTEER/INTERN AGREEMENT

I,______________________________, request to serve as a Volunteer/Intern with the Omaha Police Department with the understanding that I am not serving as a sworn police officer and do not have the authority to make an arrest.

As a Volunteer/Intern, I agree to:

• Perform the tasks outlined in my task description to the best of my ability.

• Attend any training offered that will enhance my performance within the Department.

• Report to work on time when scheduled, and to call my supervisor if I am unable to report.

• Comply with and follow the same rules and policies as required of all Omaha Police Department employees.

• Refrain from using my Volunteer/Intern position to attempt to influence anyone in any manner.

• Strive to help the Department obtain its goals and objectives.

• Notify my supervisor and the Coordinator of Volunteers upon terminating my involvement with the program, and participate in an exit interview/evaluation. I will relinquish to the Coordinator of Volunteers any and all items or equipment issued to me including, but not limited to, an identification pass, identification chip, parking permit, ticket book and camera at the time of voluntary or involuntary termination.

• Notify the supervisor or Coordinator of Volunteers of any arrest or citation for any traffic, misdemeanor or felony charge.

• I am aware that my Volunteer/Intern status may be terminated at any time for failing to follow the rules, procedures, and terms of this agreement.

I have read and understand all the conditions of this agreement.

Volunteer’s/Intern’s Signature________________________________________Date____________________

Coordinator of Volunteers__________________________________________Date____________________

OPD FORM 112A (02/17)
OMAHA POLICE DEPARTMENT

VOLUNTEER/INTERN STATEMENT OF
CONFIDENTIALITY AND WAIVER FORM

I understand that any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my Volunteer/Intern status. In addition, I authorize and request former employers, schools, individual agencies, organizations or law enforcement agencies to answer any and all questions that may be asked and do here withhold such persons harmless for giving any information within their knowledge or record.

As a condition of acceptance as a Volunteer/Intern, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.

I understand that I do not have the right to continue my status or utilize appeal rights as a Volunteer/Intern if terminated. Also, I understand that I am not an employee of the City of Omaha or any department thereof, and am not eligible for any remuneration or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Volunteer/Intern with the Omaha Police Department, I will hold all names and information regarding the Department in the strictest confidence. Further, I understand that intentional or involuntary disclosure of confidential information to unauthorized sources may result in my termination as a Volunteer/Intern.

I further agree to release the City of Omaha, Nebraska, its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while carrying out the duties of a Volunteer/Intern.

Volunteer/Intern Signature__________________________________________Date ________________

Coordinator of Volunteers__________________________________________Date ________________
Omaha Police Department
EMPLOYEE EMERGENCY DATA SHEET

Date __________________________ Name __________________________ (Last/First/MI)

Job Classification __________________________ Serial No. _______ DOB __________________________

Res. Address __________________________ Res. Telephone No. __________________________

City __________________________ State __________________________ Zip Code __________________________

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Primary Contact

Name __________________________ Relationship __________________________

Res. Address __________________________ Telephone No. __________________________

Bus. Address __________________________ Telephone No. __________________________

Cellular No. __________________________ Pager No. __________________________ Other __________________________

Secondary Contact

Name __________________________ Relationship __________________________

Res. Address __________________________ Telephone No. __________________________

Bus. Address __________________________ Telephone No. __________________________

Cellular No. __________________________ Pager No. __________________________ Other __________________________

YOUR PHYSICIAN INFORMATION

Name __________________________

Address __________________________ City __________________________ State __________________________

Phone Numbers: Business __________________________ Residence __________________________ Emergency __________________________

Are you Allergic to any Drugs? □ No □ Yes (specify) __________________________

ANY ADDITIONAL INFORMATION YOU WISH TO SUPPLY SO EMERGENCY CARE CAN BE OBTAINED FOR YOU QUICKLY, IF NEEDED, PLEASE MAKE NOTATION IN THIS SPACE

OPD FORM 72 (09/02) "Have you updated your beneficiaries lately?"
OMAHA POLICE DEPARTMENT
HANDICAP PARKING ENFORCEMENT
VOLUNTEER AGREEMENT
(Revised & approved with HCPP Co-Directors 31 May, 2001)

Volunteering with the Handicap Parking Enforcement Program of the Omaha Police Department requires each volunteer be aware of their duties and responsibilities. Furthermore, each volunteer Handicap Parking Patrol technician signifies understanding of these policies, regulations and procedures in the signing of this agreement. I, ____________, have chosen to be a volunteer with the Handicap Parking Enforcement Patrol of the Omaha Police Department with the understanding that I am not serving as a sworn police officer and do not have the authority to make an arrest. I accept responsibility for my own actions while acting in a volunteer Handicap Parking Enforcement capacity and the possible consequences of those actions. I will not act in any way that unnecessarily jeopardizes my personal safety or the safety of others.

I agree in the performance of duties as a volunteer Handicap Parking Enforcement technician:

1. I WILL conduct myself in a professional and ethical manner at all times.
2. I WILL keep personal safety and the safety of others as my first concern.
3. I WILL remain calm and retreat if threatened.
4. I WILL contact 911 when necessary.
5. I WILL be properly licensed and insured to operate a motor vehicle and abide by all traffic laws.
6. I WILL properly display my official volunteer identification when enforcing handicap parking laws.
7. I WILL immediately notify the Coordinator of Volunteers if I am arrested for criminal activity.
8. I WILL make every effort to complete citations in a complete and accurate manner.
9. I WILL use my assigned serial number and initials only when signing a citation.
10. I WILL appear in court when subpoenaed.
11. I WILL limit duty hours for handicap parking enforcement to between 6:00 a.m. and 11:00 p.m.
12. I WILL observe established timelines for submitting citations and report of volunteer hours.
13. I WILL attend refresher training as requested.
14. I WILL seek guidance when uncertain of policy/procedure or the handicap laws I am enforcing.
15. I WILL donate time towards the Handicap Parking Enforcement Program every month, and this would include the issuing of at least one citation each month.

I further agree in the performance of duties as a volunteer Handicap Parking Enforcement technician:

1. I WILL NOT represent myself as a sworn law enforcement officer.
2. I WILL NOT use my position as a volunteer to attempt to inappropriately influence anyone in any manner.
3. I WILL NOT carry weapons of any type.
4. I WILL NOT attempt to detain any individual or any vehicle under any circumstances.
5. I WILL NOT initiate or engage in any physical or verbal confrontation under any circumstances.
6. I WILL NOT be under the influence of alcohol or drugs (including prescription medications) impairing my ability to perform volunteer duties.
7. I WILL NOT sign my full name on citations I write.
8. I WILL NOT wear any articles of clothing that resembles a law enforcement uniform or badge. (exception: volunteer may wear a uniform/badge if employed as private security, however, uniform/badge may not be worn when enforcing handicap parking laws at times other than when actually clocked-in for work)

I understand failure to abide by these policies may result in my dismissal as a volunteer with the Handicap Parking Patrol of the Omaha Police Department.

Agreed to this ______ day of __________, ________

(date) (month) (year)

(Signature of Handicap Parking Enforcement Volunteer)

We appreciate your volunteer support to make a positive difference in our community!
# Application for OPD Security Pass

**Name of Applicant (First, M/L, Last)**

**Serial Number and/or Social Security Number**

**Applicant's Address (Street, City, State, Zip)**

**Position Title / Rank**

**Applicant's Date of Birth**

**Race/Ethnicity**

**Sex**

**Height**

**Eye Color**

**Representative of (Agency, Department or Company)**

**Business Address (Street, City, State, Zip)**

**Business Telephone No.**

**Supervisor's Name**

**Supervisor's Telephone No.**

**Type of Security Pass Requested**

- [ ] OPD Form 122A; Outside Agency Security Pass (Escort Not Required)
- [ ] OPD Form 122B; Volunteer & Intern Security Pass (Escort Not Required)
- [ ] OPD Form 122F, News Media Security Pass (Escort Required)

**Criminal History Check Requested**

- [ ] Yes
- [ ] No

**Applicant's Signature**

**Date**

**OPD Unit Supervisor Submitting Request (Name / Serial Number)**

**Date**

**Application Approved**

- [ ] Yes
- [ ] No

**By (Signature, Serial Number and Unit Designation)**

**Comments**

**Security Pass Received**

- [ ] Yes
- [ ] No

**Date**

**Signature**

**Date Security Pass Expires**

**Date Security Pass Returned**

**Returned By (Name, Serial Number)**

**Building Access Chip Issued**

- [ ] Yes
- [ ] No

**Date**

**Signature**

**Date Access Chip Returned**

**Returned By (Name, Serial Number)**
Criminal Background Release Form
Must be witnessed by a Public Notary

Dear Sir or Madam:

The Omaha Police Department is presently conducting a background investigation of [Name], DOB [Date], who has applied as a volunteer with the City of Omaha. We ask your cooperation in furnishing this Department with any information showing criminal, traffic tickets, arrests and/or convictions involving this applicant. The indication of a clear record while residing in your jurisdiction is likewise requested.

Names of associates, addresses and the general reputation of the candidate in your community and any similar information which would help the Department evaluate the character of the applicant would be greatly appreciated.

Notwithstanding any rights I may otherwise have concerning release of such information, I request and authorize you to release any and all of the above-requested information to Todd Schmaderer, Chief of Police, Omaha Police Department, Omaha, Nebraska, or his representative.

Signature [Signature] Date [Date] SSN [SSN]

Address [Address] City / State / Zip Code [City / State / Zip Code]

County of [County], On this [Date] day of [Month], 20 [Year], before me, a Notary Public in and for said County personally came to the above named [Name] personally known to me to be the person whose name is affixed to the above instrument, and who has acknowledged said instrument to be a voluntary act and deed.

Witness my Hand and Notarial Seal the date last aforesaid.

[Notary Public Signature] Notary Public

My commission expires on the [Date] day of [Month], 20 [Year].

Photocopy same as original.

"To Serve and Protect" • An Internationally Accredited Law Enforcement Agency
Employee Background Release Form
Must be witnessed by a Public Notary

Dear Sir or Madam:

The Omaha Police Department is presently conducting a background investigation of ____________________________, DOB ____________________, who has applied as a volunteer with the City of Omaha.

Names of associates, addresses and the general reputation of the candidate in your community and any similar information which would help the Department evaluate the character of the applicant would be greatly appreciated.

Notwithstanding any rights I may otherwise have concerning release of such information, I request and authorize you to release any and all of the above-requested information to Todd Schmaderer, Chief of Police, Omaha Police Department, Omaha, Nebraska, or his representative.

__________________________________  ______________________  ____________
Signature                                      Date                                        SSN

__________________________________________  ____________________________
Address                                      City / State / Zip Code

County of ________, On this ________ day of ____________, 20__, before me, a Notary Public in and for said County personally came to the above named ____________________________ personally known to me to be the person whose name is affixed to the above instrument, and who has acknowledged said instrument to be a voluntary act and deed.

Witness my Hand and Notarial Seal the date last aforesaid.

__________________________________________
Notary Public

My commission expires on the ________ day of ____________, 20__.

Photocopy same as original.
OMAHA POLICE DEPARTMENT
RIDE-ALONG RELEASE, INDEMNITY AGREEMENT
AND COVENANT NOT TO SUE

I certify that the below information is correct and acknowledge by my signature below that I agree to the following:

I desire to obtain information relative to the operation of the Omaha Police Department by being a Participant in an Omaha Police Department vehicle as a part of the City of Omaha Police Department’s "Ride-Along Program." I fully understand that by participating in this Program, I may be exposed to conditions and situations of a hazardous nature.

For the sole consideration of being permitted to participate in the "Ride-Along Program" the sufficiency of this consideration being hereby acknowledged, I do hereby covenant and undertake with my heirs, guardians, executors and administrators, to forever refrain and desist from instituting or asserting against the City of Omaha (Omaha Police Department), its authorized agents, representatives, or personnel, any claim, demand, action or suit of whatever kind or nature, either directly, or indirectly, for injuries or damages to person or property which may result from participation in the "Ride-Along Program."

It is understood and agreed that as against the City of Omaha (Omaha Police Department) and its authorized agents, representatives, or personnel, this agreement may be pled as a counterclaim or as a defense in bar or abatement to any action of any kind whatsoever brought, instituted, or taken by or on behalf of myself on account of any alleged claim or claims against the City of Omaha (Omaha Police Department) or its authorized agents, representatives, or personnel.

I do hereby expressly stipulate and agree to indemnify and hold harmless the City of Omaha (Omaha Police Department) and its authorized agents, representatives, or personnel against any loss, including costs and fees on account of any action which may be brought against them by me or any person in my behalf for the purpose of enforcing any claim for damages arising out of participation in the "Ride-Along Program."

I further expressly understand and agree that I will: (1) Abide by the orders of the police officers whom I accompany; (2) Refrain from interfering with the police officers while in the pursuance of their official duties as police officers; (3) Refrain from participating with the police officers while in the pursuance of their official duties as police officers; (4) Refrain from carrying weapons, concealed or not, whether or not I possess a permit to carry concealed weapons. (*Does not apply to sworn law enforcement officers participating in a Ride-Along).

I further agree to protect and save harmless the City of Omaha, (Omaha Police Department, its agents, representatives, or personnel from any loss, damage, or expense on account of claims, liabilities, damages or injuries which may be sustained by any person or property arising directly or indirectly from any of my actions.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND ITS PROVISIONS.

---

To be completed by all Participants.

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<th>Participant Signature</th>
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<td>Witness Signature</td>
<td>Address/City/State/Zip</td>
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<td>Date (Mo/Day/Year)</td>
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<td>Officer Signature/Serial Number</td>
<td>Approved By (Commanding Officer/Serial Number)</td>
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OPD Form 40 (05-2018)
Omaha Police Department
Ride-Along Request Form

OPD Ride-Along Policy:

Ride-Along will be scheduled Monday through Thursday between 1800 and 2100 hours (6:00 p.m. – 9:00 p.m.). Ride-Along participants must be at least nineteen (19) years of age or older and will be subject to a background check.* Ride-along participants must not carry any weapons, whether or not the participant possesses a permit to carry concealed weapons.** Ride-Along waivers and denials will be kept on file.

Name: ____________________________________________

Last Name                   Middle Initial                   First Name

Nicknames/Aliases/Maiden Names: ____________________________________________

Address: __________________________  __________________________  __________________________

Street Address City, State Zip

Home Phone: (____) – Cell Phone: (____) –

Email: ____________________________________________

Social Security Number: _______ – _______ Birth Date: _______ / _______ / _______

( MM / DD / YYYY)

Dates Preferred for Ride-Along:

NOTE: Requested dates must be at least 2 weeks from the date of OPD’s receipt of this form.

School/Agency Name (If Applicable):

________________________________________

Supervisor/Advisor Name (If Applicable): __________________________ Phone: (____) –

*The following list of criteria will disqualify a participant unless otherwise approved by the Omaha Police Department Chief of Police or an OPD Deputy Chief: Any felony conviction; Board of Mental Health Commitals; Conviction for Resisting Arrest within the last ten years; Conviction for Assault on a Peace Officer; Two or more convictions of Assault within the past five years; Two or more convictions of DUI within the past five years; Conviction for CCW within the past five years; Currently under Court Jurisdiction; Any pending charge for a Class I Misdemeanor or above; Conviction of any Sex Offense; Any documented gang affiliations; Any criminal record judged to be detrimental to the goals and objectives of the OPD. **This normally does not apply to sworn law enforcement officers participating in a Ride-Along.

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<thead>
<tr>
<th>OPD Office Use Only:</th>
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<tr>
<td>Precinct Location</td>
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<td>Confirmed By</td>
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<td>Contact Officer and Phone</td>
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<td>Background Cleared</td>
<td>Notes:</td>
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OPD Form 112J (06-2018)