## **Police Observer Information Form**

- Police observers must complete and sign the Police Observer Information Form.
- No person under the age of eighteen (18) will be permitted to ride as an observer in a police unit at any time unless the Chief of Police has granted prior approval.
- Before approval, APD will complete a warrant and background check on all requestors.
- Police observers may ride a maximum of one (1) time per calendar quarter unless approved in writing by the affected Region Commander.
- Police observers should appear at the scheduled time. If the observer arrives after the assigned officer has gone on the street, the observer is responsible for rescheduling the riding period to another date.
- Violating any portions of the prohibited acts, dress code, or any behavior that impairs the officer's ability to perform their job will be considered grounds for being banned from the Police Observer Program.

### **Dress Code for Police Observers**

- Police observers are to dress neatly and conservatively.
- You must maintain cleanliness at all times.
- Hair (including facial hair) must be well groomed.
- Shorts and cut-offs are prohibited.
- Clothing bearing any sign or symbol that advertises any product, business, or organization will not be permitted.
- Clothing with offensive designs, logos, letters, or devices is prohibited.
- Wear closed-toe shoes or boots; do not wear sandals or go barefoot.

#### **Prohibited Acts**

- Will not consume alcoholic beverages within four (4) hours of or during the observation period.
- Will not use profane or abusive language during the observation period.
- Will not engage in excessive conversation, which may distract the officer or interfere with hearing the police radio
- Will not make remarks or voice opinions to complainants, witnesses, victims, violators, or suspects in any manner which would tend to provoke or degrade anyone or escalate tension.
- Will not be allowed into a private residence during the execution of a search or arrest warrant.
- Will not make known to any unauthorized person information that may compromise a police operation, procedure, or investigation that is either in progress or proposed.
- Will not make known to any unauthorized persons the identity of persons arrested, persons confined in jail, or suspects in a criminal act.
- Will not use information learned during an observation period for personal gain.
- Will not carry weapons of any type. Observers possessing a Concealed Handgun License will not be allowed to carry a weapon during an observation period.
- Non-sworn observers do not have any powers of a police officer and have no authority except when acting at the direction of a police officer.
- I agree not to photograph or video record any portion of any incident they respond to while riding with an APD Officer.

#### **Police Observers will:**

- At all times, conduct themselves with proper decorum.
- Remain in the police unit during routine traffic stops unless otherwise directed by an officer.
- Remain in or near the police unit during disturbance calls and calls of a serious nature to summon assistance by radio if needed unless otherwise directed by an officer.

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# **Police Observer Information Form**

| Last Name   | _ First Name     |                       | Middle Initial                |  |
|---|------------------|-----------------------|-------------------------------|--|
| Date of Birth   | Race             |                       | Sex                           |  |
| Address   |                  | City, State, Zip code |                               |  |
| Driver's License #  | _ State of Issue |                       | Date of Expiration            |  |
| Email Main  | Phone Number     |                       | CHL Holder                    |  |
|   |                  |                       |                               |  |
| Requested Observation Date Requested Observation Shift  |                  |                       |                               |  |
| Have you ever observed before   |                  | If yes, what sector   |                               |  |
| Date of last observation  |                  | Requested sector      |                               |  |
| Category of Observer  |                  |                       | If a Student, Name of College |  |
| Category of Observer If a student, Name of College  |                  |                       |                               |  |
| In consideration of being allowed to accompany Austin Police Officers on official patrols and otherwise participate in the Police Observer program:  I, the undersigned, binding my heirs, executors, administrators, and assigns to hereby release and agree not to hold liable, the City of Austin, its officers, agents and employees, and especially Officer from any and all actions, causes of action, claims, demands, costs or damages arising from or resulting from property damage, personal injuries or death sustained by me or my property while participating in the Patrol Observation Program. I further agree, binding my heirs, executors, administrators, and assigns to indemnify, hold and save harmless the City of Austin, its officers, agents, and employees, and especially the above-named employee, from any liability, action claim, damage, award or judgment incurred or suffered by the above City or individuals as a result of any act or omission by me or caused in whole or in part by me while participating in the Police Observer Program whether or not also caused in part by a person indemnified hereunder. In addition, I make the following representations and acknowledgments upon which I intend the City to rely:  |                  |                       |                               |  |
| Attention: Observer must read, acknowledge and initial all the following statements:  |                  |                       |                               |  |
| I understand and agree that while accompanying any police officer during their law enforcement duties, I am to be an  |                  |                       |                               |  |
| unarmed observer and bystander only and take no active role whatsoever. I will not have, nor will I be given any duties, rights, powers, or authority other than those conferred by law upon any other person in like or similar circumstances as may arise from time to time.  I realize and agree that while participating in this program, I will not be an agent, servant, or employee of the City of Austin and, therefore, will not be covered by the City of Austin for any worker's compensation, death, or disability benefits.  I realize that as an inherent condition of this program, I will at unpredictable times be placed in both foreseeable and unforeseeable positions of considerable danger and agree that neither the City nor any of its officers or employees shall be obligated to take any steps or actions to protect my person or provide a means of withdrawal or retreat for me, and release them of any duty to do so.  I agree that any information I may gain through participation in a study program will be used by me only for my personal education purposes except where I am summoned as a witness in any administration or court proceeding. I understand that my participation in the above named projects is a privilege subject to revocation at any time by the Austin Police Department.  I agree not to photograph or video record any portion of any incident they respond to while riding with an APD Officer.  Observer's Signature  Date of Signature |                  |                       |                               |  |
|   |                  |                       |                               |  |
| DO NOT WRITE BELOW – OFFICIAL POLICE USE ONLY   |                  |                       |                               |  |
| Warrant Check Performed Criminal History Check Performed  |                  |                       |                               |  |
| APD Database Check Performed  |                  | Results               |                               |  |
| Signature of Emp. Who Performed the   | Checks           | Badge #               | Date                          |  |
| Observer Assigned To  | J50110           | Badge #               | Date                          |  |
| Supervisor's Signature  |                  | Badge #               | Date                          |  |

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Badge #

Date

Commander/Lieutenant Signature