

# Civilian Observer Information Form

- Police observers must complete and sign the Civilian 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.
- A warrant and background check shall be completed on all requestors prior to approval being given.
- Police observers may ride a maximum of one (1) time per calendar quarter unless approved in writing by command staff.
- Police observers should appear at the scheduled time. If the observer arrives after the assigned officer has gone on the street, the observer has the responsibility of rescheduling the riding period to another date.
- Violation of any portions of the prohibited acts, or dress code, or any behavior that impairs the officer's ability to perform his/her job, will be considered grounds for being banned from the Police Observer Program.

## **Dress Code for Civilian Observers**

- Police observers are to dress neatly and conservatively.
- Cleanliness is required at all times.
- Shorts and cut-offs are prohibited.
- Clothing with offensive designs, logos, letters or devices is prohibited.
- Closed-toe shoes or boots will be worn; sandals and bare feet are prohibited.

## **Prohibited Acts**

- Will not consume alcoholic beverages within four (4) hours of or during 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;
- 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 being 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.

## **Civilian Observers will:**

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

# CIVILIAN OBSERVER INFORMATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_ CHL Holder: \_\_\_\_\_

Requested Observation Date: \_\_\_\_\_ Requested Observation Shift: \_\_\_\_\_  
Have you ever observed before: \_\_\_\_\_ If yes, what agency: \_\_\_\_\_  
Date of last observation: \_\_\_\_\_ Requested officer: \_\_\_\_\_  
Category of Observer: \_\_\_\_\_ If a Student, Name of  
College/Police Academy: \_\_\_\_\_

In consideration of being allowed to accompany Magnolia Police Officers on official patrols and otherwise participate in the Civilian Observer program: I, the undersigned, binding my heirs, executors, administrators and assigns to hereby release and agree not to hold liable, the City of Magnolia, 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 Civilian Observation Program. I further agree, binding my heirs, executors, administrators and assigns to indemnify, hold and save harmless the City of Magnolia, its officers, agents, and employees and especially the above named employee, from any liability, action claim, damage, award or judgement 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 Civilian Observer Program whether or not also caused in part by a person indemnified hereunder. In addition, I make the following representations and acknowledgements 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 his/her 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 Magnolia and therefore will not be covered by the City of Magnolia 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 Magnolia Police Department.

Observer's Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

## DO NOT WRITE BELOW – OFFICIAL POLICE USE ONLY

Warrant Check Performed: \_\_\_\_\_ Criminal History Check Performed: \_\_\_\_\_  
MPD Database Check Performed: \_\_\_\_\_ Results: \_\_\_\_\_  
Name of Emp. Who Performed the Checks: \_\_\_\_\_ Date of Checks: \_\_\_\_\_  
Observer Assigned To: \_\_\_\_\_  
Supervisor's Signature: \_\_\_\_\_  
Lieutenant Signature: \_\_\_\_\_