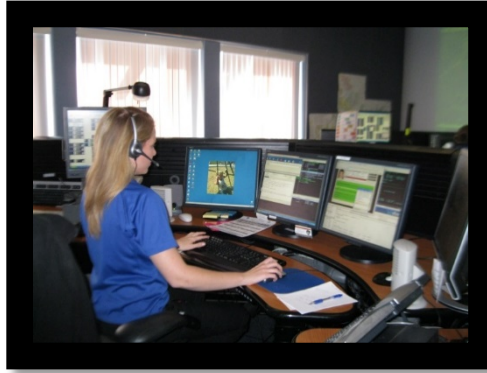




Citrus Heights Police Department  
6315 Fountain Square Drive, Citrus Heights, CA 95621 (916) 727-5500

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## **9-1-1 Dispatch Sit-Along Application**



Thank you for your interest in sitting along with a dispatcher of the Citrus Heights Police Department. The purpose of the Citizen Sit-Along Program is to provide an opportunity for interested persons to observe dispatch operations and the hard work our dispatchers perform daily. The program is intended to be educational and to provide participants with a better understanding of the responsibilities of our Dispatch Professionals. A dispatcher's overall communication effectiveness will not be achieved without community involvement and you.

Any Citrus Heights resident who is at least 18 years of age may apply for a sit-along. On occasion, we will allow students who are 16-17 years of age, based on an educational requirement through higher learning. Students must outline, in writing, a memorandum stating what educational purpose and/or school requirement is necessary to sit-along. All participants in the program must sign the waiver and release, assuming the risk of injury or danger and waiving any claim against the City of Citrus Heights, the Citrus Heights Police Department, Chief of Police, Dispatchers or Officers. Individuals under 18 years of age must have a parent or guardian sign the waiver.

Please mail the completed application and waiver back to CHPD, 6315 Fountain Square Drive, Citrus Heights, CA 95621. After your criminal background is complete and application approved, you will be notified by phone of the date and time of your appointment. Please allow up to one month between the date you submit the application and the "date desired" for your sit-along. You may request your two (2) hour sit along for either of our two (2) shifts; day or night.

Sit-alongs will be scheduled by the Communications Supervisor. When you arrive, during business hours, check in at the front counter and let the staff or volunteer know that you are here for a sit-along. After hours, call into the in-house dispatch center at (916) 727-5500. Your Supervisor contact will arrange for a dispatcher to meet you out front once he or she is notified.

If you have any questions, please do not hesitate to call (916) 726-2499 and ask for the on-duty Dispatch Supervisor. Thank you.

Sincerely,

The Citrus Heights Police Department



## **Sit-Along Regulations**

1. No person shall be allowed to sit in the Communications Center without having submitted a signed sit-along request and waiver form. Refusal to complete this form or false statements of any nature on same will disqualify that person from participation in the program. The request to sit form must be turned in to the Police Department one month prior to the first requested date of participation. At the Communications Supervisor's discretion, exceptions may be made for special situations requiring shorter notice, as long as other procedures are followed. Special situations may include out of state visitors, family members, or criminal justice personnel.
2. **Civilian sit-alongs will be allowed to sit no more than once per year, without prior approval of the Dispatch Supervisors.**
3. Participants must obey the orders and instructions given by the dispatcher to whom they are assigned.
4. Participants must not leave the Communications Center unless instructed to do so by the dispatcher.
5. Background checks will be conducted on all applicants. Persons who have had negative contacts with a police department, recent or other criminal backgrounds may not be allowed to sit with a dispatcher.
6. Sit along tours usually last two (2) hours; however, either the dispatcher or the sit-along applicant may terminate the tour at any time. The Dispatch Supervisor will be advised of early termination.
7. Applicants will be contacted by the Police Department after filing the written application request form. At that time, the sit-along will be scheduled or denied.
8. The applicant's participation is a privilege and not a right. The basic premise of the sit-along program is to establish rapport with the dispatchers and learn about the functions of law enforcement.
9. **Participants shall not converse on the phone or the police radio.**
10. All participants must agree not to discuss names of persons involved in police cases or incidents. The observer will be considered a confidant of the Police Department and it is essential that all matters pertaining to evidence or statements gathered in investigations be held confidential.
11. **Tape recorders, cell phones, and cameras will not be permitted while participating in the program.**
12. **Participants must be presentably attired in clean, neat, and suitable clothing, including closed footwear. Business casual attire is recommended, such as slacks and a collared shirt. Wearing worn jeans, T-shirts, or flip-flops will result in the sit-along being cancelled and possibly rescheduled.**
13. By signing this form, the sit-along participant agrees to the rules and regulations listed above.

I hereby represent that I have carefully read and understand the content of this document and sign the same of my own free will.

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DATE

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SIGNATURE OF APPLICANT

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SIGNATURE OF PARENT/GUARDIAN



**Agreement Assuming Risk of Injury or Damage Waiver  
and Release of Claims and Indemnity Agreement**

*Must be submitted with completed Request Form*

**WHEREAS**, I \_\_\_\_\_, (being/not being) over the age of twenty-one (21) and not being a member of the Citrus Heights Police Department, have made a voluntary request to sit/visit as a guest in a dispatch center assigned to the Department and to accompany a member or members of the Police Department during the performance of their official duties, and

**WHEREAS**, the Citrus Heights Police Department is willing to allow me to sit as a guest in dispatch assigned to that department and to accompany a member or members of the Police Department during the performance of their duties on the following conditions:

**NOW, THEREFORE**, in consideration of the permission given to me to sit in dispatch assigned to the Citrus Heights Police Department and/or to accompany a member or members of the Police Department during the performance of their official duties, I do hereby agree:

1. That the City of Citrus Heights, Chief of Police, and all members of the Citrus Heights Police Department shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while on police premises or while accompanying any member or members of said department during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the Citrus Heights Police Department.
2. For myself, heirs, executors, administrators and assigns to defend and indemnify the City of Citrus Heights, Chief of Police, and all members of the Citrus Heights Police Department, their sureties and each of them, against any and all manner and actions, cause of actions, suits, debts, claims, demands, damages, liability or expense of every kind and nature incurred or arising by reasons of any actual or claimed negligent or wrongful act or omission of mine while assigned to the Citrus Heights Police Department during the performance of their official duties.

I hereby represent that I have carefully read and understand the content of this document and sign that same of the own free will.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN



Citrus Heights Police Department  
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### Sit Along Request Form

Please print clearly and return this request with a signed Sit-Along Waiver, Sit-Along Regulations Form, and Youth Memorandum if under 18 years of age.

<b>Name (First, Middle, Last)</b>		<b>Home phone:</b>	<b>Cell / Other phone:</b>
<b>Street address:</b>		<b>City, State</b>	<b>Zip code:</b>
<b>Occupation / School:</b>		<b>Date of birth:</b>	
<b>Email address:</b>		<b>Driver's license # / State:</b>	
<b>Reason for Sit -Along</b>			
<input type="checkbox"/> CHPD applicant <input type="checkbox"/> HS or college school project <input type="checkbox"/> Career Development in police work <input type="checkbox"/> CHPD family member <input type="checkbox"/> Leadership or Citizen Academy <input type="checkbox"/> Other, please explain:			
<b>Shift preference</b>		<b>Dispatcher requested (if applicable)</b>	
<b>Weekdays</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Night		<b>Weekends</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Night	

I, the undersigned, hereby request permission to sit in the Communications Center at the City of Citrus Heights, at such times and in such areas as may be approved by the Chief of Police or his designated representative. I am hereby releasing the City of Citrus Heights, the Citrus Heights Police Department, and the individual employees of the City of Citrus Heights from any liability which might result from my participation in this program. I give permission to have my background checked for criminal history. I agree to the rules and instructions in the Sit-Along Regulations Form.

<b>Signature of applicant:</b>	<b>Date:</b>
<b>In case of emergency notify:</b>	<b>Phone:</b>

**Juveniles:**

Applicants under eighteen (18) years of age must have this form read and signed by their parent or guardian prior to any participation in this program. The sit-along program is generally open to persons who are at least sixteen (16) years of age if for educational purposes.

**Permission of parent or guardian:**

I, the undersigned, being the parent/guardian of \_\_\_\_\_ hereby join with him/her in requesting permission for him/her to sit along in the Communications Center as aforesaid and do join in granting a release and discharge to the City of Citrus Heights, the Citrus Heights Police Department, the individual officers and employees of the City of Citrus Heights, as set out in detail above and in the Sit-Along Regulations Form.

<b>Signature of parent or guardian</b>	<b>Date:</b>
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<b>For Office Use Only:</b>			
Record check: _____	Date: _____	RIMS name #: _____	Contact date: _____
Sit date: _____	Shift: _____	Comm Supervisor: _____	
Hosting Dispatcher: _____	Future SAL: <input type="checkbox"/> Y <input type="checkbox"/> N If no, reason: _____ <input type="checkbox"/> No show		



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## **VISITOR STATEMENT AND RELEASE FORM**

### **USE OF CRIMINAL JUSTICE INFORMATION, DEPARTMENT OF MOTOR VEHICLE RECORDED INFORMATION, AND CONFIDENTIAL INFORMATION AUTHORIZATION OF CRIMINAL HISTORY INQUIRY**

As a visitor of the Citrus Heights Police Department, you have visible access to criminal record, and/or Department of Motor Vehicle record information, and /or information, which is considered confidential by statute.

Misuse of such information may adversely affect and individual's civil rights and violates the law. Penal Code Section 502 prescribes the penalties relating to computer crimes. Penal Code Sections 11140-11144 and 13301-13305 prescribes penalties for misuse of this information, California Vehicle Code 1808.45 prescribes the penalties relating to the misuse of Department of Motor Vehicle record information. Any violation of these laws is a misdemeanor.

As a visitor of the Citrus Heights Police Department, these laws apply to you. Your signature below indicates you have read and understand the policy regarding the misuse of criminal record information, Department of Motor Vehicle record information and confidential information. During your visit to the Police Department, you are required to keep all information confidential and not disclose or discuss anything you hear or see with anyone.

In addition, by signing this form you are authorizing a criminal history inquiry through local, state and federal databases.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CHPD Employee (*who reviewed with visitor*)