

10 N WATER STREET  
SOUTH ELGIN, IL 60177  
847-741-2151  
SOUTHELGIN.COM



INTEGRITY  
PROFESSIONALISM  
COMPASSION  
COMMUNITY

CHIEF OF POLICE

JERRY KRAWCZYK

## Ride Along Program Requirements

Participants in this program will be required to be hygienic and wear business casual clothing. No clothing will be allowed that is considered distasteful or contains any discriminator, distasteful logos, or printing. Clothing, or lack thereof, which is not consistent with the proper image of the department, will not be tolerated. The supervisor of the shift when the participant is riding along will have the discretion to refuse or postpone participation in the program if the participant is not properly dressed.

Participants will not possess or carry firearms, batons, knives or other dangerous weapons while participating in the program including those individuals who possess a Concealed Carry License (CCL). The exception to this would be participants who are authorized to carry a weapon by virtue of their office. In these incidents, the supervisor will be required to approve the carrying of the weapon.

Minors 10-15 years of age may accompany a parent or guardian participant of the program. Minors 16 and 17 years of age are required to have parental or legal guardian consent to participate in the program. Those parents or guardians must be present at the police station on the date and time the minor reports to ride in a police vehicle and at the conclusion of the ride along. Both the minor and parent or guardian must understand and sign the ride along waiver. Persons 18 years of age or older do not require parental consent.

Participants will be excluded from juvenile incidents where such arrests and records are confidential by law and will not enter upon a property or building or any private residence where officers are responding to a disturbance or other in-progress incident. A participant may exit the police vehicle and accompany the officer on minor calls where there is no danger involved (not-in-progress calls for service) at the officer's discretion and with their explicit permission.

Participants will not be present during interrogations of criminal matters and must not interfere with or assist the officer unless their assistance is specifically requested by the officer or their supervisor.

Only one ride along participant will be assigned to ride in the police vehicle with an officer. All attempts will be made to schedule only one ride along during a given time. More than one ride along may be scheduled at the discretion of a supervisor. Every attempt will be made to schedule female participants with female officers and male participants with male officers.

The Ride-Along program is available on most days of the week, with certain exceptions. The ride-along times are from 10:00 a.m. to 11:00 p.m. in four hour increments. Exceptions to this schedule may be made as approved by the Chief of Police, Deputy Chief, Community Action Team Supervisor, or Shift Supervisor.

Circumstances may arise when the participant will witness events and may be subject to subpoena by the Kane County States Attorney's Office or Village Adjudicator; therefore, the participant's identification (name, address, phone etc.) must be included in the written incident report as a witness. **Participants must read and complete the CJIS Security Awareness Training Level 1 Information Sheet and Confirmation attachment.**

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## **Criminal Justice Information Services (CJIS) Security Awareness Training Level 1**

### **Introduction**

The Criminal Justice Information Services (CJIS) Security Policy Section 5.2 states that basic security awareness training shall be required within six months of initial assignment, and biennially thereafter, for all personnel who have access to Criminal Justice Information to include all personnel who have unescorted access to a physically secure location.

### **Purpose of this Document**

The purpose of this document is to provide a printable method for agencies to utilize for conducting Level 1 security awareness training.

### **Scope of the Document**

This training is only valid for Level 1 training.

### **Security Awareness Training Level 1**

In this Level 1 Training you will learn about the CJIS Security Policy requirements for personnel working in the vicinity of Criminal Justice Information. This training is designed to meet the requirements of the CJIS Security Policy. This training is for all personnel whose duties require them to have unescorted access to a physically secure location that processes or stores Criminal Justice Information, but does not work with the Criminal Justice Information as part of their job duties. Verification of your training must be on file with the Criminal Justice Agency whose secure area is being accessed. The FIB CJIS Security Policy requires that all training records must be kept current and maintained by the State, Federal, or Local Agency Officer.

### **Criminal Justice Information**

Criminal Justice Information is confidential data that consists of stolen cars, stolen guns, missing persons, etc. It also included criminal history and other data related to criminals.

### **Rules and Expected Behavior**

You are NOT authorized to access, read, handle, or discuss Criminal Justice Information. It can only be used for authorized purposes. Proper disposal of all Criminal Justice Information is the criminal justice agency's responsibility.

### **Impact of Misuse**

Unauthorized access, handling or discussion of Criminal Justice Information could result in criminal prosecution and/or termination of employment.

### **Area Security**

- \* The areas that process or store Criminal Justice Information should be a secure area.
- \* Doors should be locked to prevent unauthorized access.
- \* It is your responsibility to help ensure this area stays secure.
- \* Report any unusual activity to your Agency contact and supervisor immediately.
- \* Report any misuse of Criminal Justice Information that you might witness or hear about to your Agency contact and supervisor immediately.
- \* All Incidents should be reported.

### **Policy Questions**

If you have any questions regarding the CJIS Security Policy or expected behavior around Criminal Justice Information, talk to your Agency contact for further information.



# South Elgin Police Department CJIS Security Awareness Training Level 1 Affirmation



## Criminal Justice Information Services (CJIS) Security Policy

I, \_\_\_\_\_, acknowledge that I have viewed the Security Awareness course material provided by the South Elgin Police Department or have attended Security Awareness Training on my own or provided by my employer. I understand that Criminal Justice Information is sensitive and confidential. Improper access, use, and dissemination of Criminal Justice Information is serious and may result in civil and/or criminal prosecution. I further acknowledge that I am responsible for familiarizing myself with the information contained on the Security Awareness training and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein. **Consider all fields on this form MANDATORY. Complete electronically and print out or complete by hand using legible print with black or blue ink only:**

First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Driver's License/State ID #: \_\_\_\_\_ State: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(Personal E-Mail or Company E-Mail)

By signing this form, I acknowledge that I have viewed the Security Awareness Level 1 documents provided by the South Elgin Police Department or that I have received Security Awareness Training on my own or through my employer's training program. I further acknowledge the rules, regulations and security associated with seeing Criminal Justice Information or working on computers, computer networks, or in facilities that may provide access to Criminal Justice Information.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Training Verified by (South Elgin Police Employee): \_\_\_\_\_

Date of Verification (mm/dd/yyyy): \_\_\_\_\_

**\*This confirmation page is to be retained by the Criminal Justice Agency (South Elgin Police Department) and available for viewing by the Office of the CJIS Systems Officer (CSO) upon request.**

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## RIDE ALONG APPLICATION

### SECTION A: PARTICIPANT INFORMATION

Name (First M.I. Last): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### SECTION B: REASON FOR RIDE ALONG APPLICATION

Please provide a brief explanation why you are requesting a ride along: \_\_\_\_\_

\_\_\_\_\_

Preferred Date and Time Range for Ride Along (4 hour maximum): \_\_\_\_\_

### SECTION C: EMERGENCY CONTACT INFORMATION

Name (First M.I. Last): \_\_\_\_\_

Relationship: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

### SECTION D: ACKNOWLEDGEMENT AND SIGNATURE

For, and in consideration of the undersigned being given the opportunity to observe police operations and functions of the South Elgin Police Department and by any and all other means of observation whatsoever, the undersigned, in order to avail himself/herself of ease of opportunity recognizes and assumed any and all risk pertaining thereto, and hereby releases the Village of South Elgin, its Officials and Officers and all other personnel of the Village of South Elgin from any and all liability whatsoever for any injuries, damages, and claims the undersign, his/her heirs, dependents and assigns may sustain in and about any police vehicle or in any other way during the course of observations and studies by the undersigned of the operations and functions of the South Elgin Police Department.

I/we further understand that signing below I am/we are authorizing the South Elgin Police Department to conduct in-house records checks and a criminal history inquiry of the applicant to verify the status for consideration of eligibility to participate in the South Elgin Police Department program. I/we also understand and agree to all program requirements and terms.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only

Date Received: \_\_\_\_\_

Approving Supervisor: \_\_\_\_\_

Date/Hours of Ride Along: \_\_\_\_\_

Officer Assigned: \_\_\_\_\_

Background Status (Check Completed Boxes):

RMS Checked

LEADS/NCIC Checked

CQH Checked