



## Application for Civilian Observer

Case # (to be completed by EPPD Staff)		Date of Application	
Name:    First    Full Middle    Last			Date of Birth
Street Address			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Have you ever been convicted of a crime? If yes, please list.		Driver's license #	
Do you have any health conditions that may restrict a law enforcement officer from performing his/her duties? If yes, please list.			
Day of Week and Time of Day You Want to Observe (be specific if possible; example, Monday, June 3, 6-9 p.m.)			
Please provide a brief explanation of why you want to observe:			
_____			
_____			
_____			
_____			

**\* Please submit a color photocopy of BOTH sides of your driver's license along with this application. Please allow 2-3 weeks for processing\***

<i>Citizen at Large and Friends/family</i>
On-duty sergeant approval _____
Officer assigned _____

<b>Citizen at Large Only</b>	
_____ Approved	
_____ Denied _____	Date notified
Reason:	
_____ Incomplete application	
_____ Non-resident	
_____ Background	

**CIVILIAN OBSERVER PROGRAM  
CONFIDENTIALITY AGREEMENT**

As a participant in the City of Eden Prairie’s Civilian Observer Program, it is possible that I may come into contact with various types of information, with different legal designations and in different forms, including information that I would otherwise have no right to access.

I agree that I will not actively solicit or access, through city computers, files, or other means available, through my participation in the Civilian Observer Program any data that I otherwise have no right or need to witness.

To the extent that I may have access to private, confidential, nonpublic or protected nonpublic data during the course of my civilian observer activities, I agree to comply with the Minnesota Government Data practices act and all other applicable statutes of the State of Minnesota, the federal Health Insurance Portability and Accountability Act (HIPAA) and all other applicable federal laws, and all applicable policies, rules and regulations of this City. I promise to protect the confidentiality of any and all such information that I may learn through my participation in the Civilian Observer Program and will all times act accordingly.

I understand that I may be subject to criminal or civil penalties for noncompliance.

I have read and understand the above information and agree to be bound by its terms.

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

If applicant is under the age of eighteen (18), a parent or guardian must co-sign this agreement:

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CIVILIAN OBSERVER WAIVER OF CLAIMS  
AND RELEASE OF LIABILITY AGREEMENT**

WHEREAS the undersigned has voluntarily elected to ride as a passenger in the Police Department vehicles of the City of Eden Prairie (the "City") and to accompany the City's Police Officers while engaged in the performance of their duties, to study and observe for his/her own benefit the functions and operations of the Eden Prairie Police Department and its personnel (the "Civilian Observer Program"); and

WHEREAS the undersigned desires to participate in the Civilian Observer Program at his/her own risk and recognizes the possible and inherent danger to his/her person and property resulting therefrom, including but not limited to the risk bodily injury, sickness, disease death, and/or property loss or damage; and

WHEREAS the undersigned desires to release the City from all liability for any such injury, sickness, disease, death, property loss and/or damage he/she may suffer while participating in the Civilian Observer Program; and

NOW, THEREFORE, in consideration of being permitted to participate in the Civilian Observer Program, and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the undersigned does hereby for himself/herself, his/her wife/husband, heirs executor or administrator and personal representatives:

- A. Assume full responsibility for any bodily injury, sickness, disease, death and/or property loss or damage which the undersigned may suffer while in, on or about any Police Department vehicle, the Police Department premises or any part thereof, at the Eden Prairie City Hall, Eden Prairie City Garage and all other City-owned property, or while accompanying any of the City's Police Officers while in the performance of their duties, or while participating in any other way in the Civilian Observer Program;
- B. Fully and forever release and discharge the City, its agents, officers and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on or about any such Police Department vehicle or at any or all of the premises and places aforesaid or while accompanying any City Police Officer as aforesaid or while participating in any other way in the Civilian Observer Program, whether or not caused by an act, omission, negligence or other fault of the City, its agents, officers or employees, or by any other cause;
- D. Agree to indemnify and hold harmless the City, its agents, officers and employees for any acts or conduct of the undersigned of whatever kind or nature whatsoever while in, on or about any such Police Department vehicle or at any or all of the premises and places aforesaid or while accompanying any City Police Officer as aforesaid or while participating in any other way in the Civilian Observer Program;
- E. Agree to defend and to pay any and all claims, damages and liabilities whatsoever, including attorney fees and costs, arising out of any action brought by or against the City, its agents, officers and employees for any acts or conduct of the undersigned of whatever kind or nature whatsoever while in, on or about any such Police Department vehicle, or at any or all of the premises and places aforesaid, or while accompanying any City Police Officer as aforesaid or while participating in any other way in the Civilian Observer Program;

- F. State that he/she is, as of the date of the execution hereof, the age of eighteen (18) years or older; or, if he/she is between sixteen (16) and seventeen (17) years of age, that his/her parent or guardian has consented to this Agreement by signing below.
- G. Agree that it is the intent of the undersigned that this Civilian Observer Waiver of Claims and Release of Liability Agreement remain in full force and effect from the date of execution hereof.
- H. Agree that if any of the provisions of this Agreement are found to be unenforceable, all other provisions shall remain in full force and effect.

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**If applicant is under the age of eighteen (18), a parent or guardian must co-sign this Agreement:**

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

## **DATA PRACTICES RIGHTS ADVISORY**

As an applicant for a ride-along in the City of Eden Prairie's Civilian Observer Program, you are being asked to provide information about yourself which will be used in consideration of your application. The purpose of this request for information is to obtain information to permit the City to make basic checks in regard to the possible existence of a criminal record, outstanding warrants(s), or orders for protection. You are being requested to sign these documents and complete the information in order to be considered for a ride-along. The information contained in the Application for Civilian Observer and Civilian Observer Waiver of Claims and Release of Liability Agreement are required by the City. You are not required to provide any information requested in these materials. However, if the requested information is not furnished, your application will not be processed and a ride-along will not be permitted.

The data you are being asked to provide is defined under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Under the Data Practices Act, some of this data is classified as public data, the remaining information classified as private or confidential. Private data is available only to you and city officials and agencies with a bona fide need to know such information to process and made a decision on the approval of your application. Public data is available to anyone requesting it and consists of all data furnished in the application process that is not designated private or confidential. The purpose and intended use of the information provided to the Police Department is to determine whether authorization for a ride-along should be approved.

If a ride-along is granted, most information supplied by the ride-along applicant may become public.

The release for information that you have signed, and the data you provide, may be conveyed to third parties. To the extent that they reveal private information, they will be disclosed only to the extent that is necessary to perform the required process of this application.

I have read and understand the above information regarding my rights as a subject of government data.

\_\_\_\_\_

Applicant Name (Please Print)

\_\_\_\_\_

Date