



CITY OF MURRIETA

DISPATCH SIT-ALONG PROGRAM

The Murrieta Police Department offers a citizen sit-along program and welcomes the residents of our community, as well as non-residents to participate. All citizens living in the city of Murrieta, working in the community or potential lateral applicants with our agency are encouraged to participate in this worthwhile program.

The Murrieta Police Department encourages citizen involvement in the community. We truly believe it is the enlightened citizen who makes our job more meaningful and successful. We want to build strong communication and cooperation with you. We are dedicated, as your public safety dispatchers, to providing the highest level of service possible by allowing you to see, firsthand, how we provide our services and the challenges we face. We believe in a relationship and partnership with our community.

Guidelines and Requirements:

- 1) Individuals requesting to participate in a sit-along shall be directed to the Communications Manager or Dispatch Supervisor.
- 2) The Manager or designee will obtain the name, DOB and driver's license of the interested person.
- 3) The sit-along coordinator or designee will conduct a backgrounds check on the interested person to confirm there are no safety concerns, involvement in a current investigation, involvement in a current civil action against the City of Murrieta, and ensure their background is suitable for a law enforcement environment.
- 4) The sit-along coordinator or designee will inform the citizen that his/her request has either been confirmed or denied.
- 5) If approved, the sit-along coordinator will negotiate a date and time for the sit-along.
- 6) When the interested person arrives, a dispatch sit-along waiver will be completed Communications Supervisor or Dispatch Supervisor.
- 7) The sit-along is restricted to two (2) hour increments, unless previously approved by the Communications manager or Dispatch Supervisor.
- 8) Appropriate casual business attire is required with closed toe shoes.
- 9) Friends and family of an employee may sit-along with the approval of the Communications Manager or on-duty Dispatch Supervisor
- 10) Produce photo identification on the day of the sit-along.

Acknowledgements:

- 1) Information heard is confidential, and not for dissemination, or used for personal gain.
- 2) Information seen is confidential, and not for dissemination, or used for personal gain.
- 3) Information, from CLETS (California Law Enforcement Tele-Communications System) is confidential, and cannot be used for dissemination, or personal gain.
- 4) The sit-along can be terminated at any time without warning.
- 5) Photographs are not permitted and limited cell phone usage is required.



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Waiver and Release of Claims and Indemnity Agreement:

This page must be submitted to the Communications Manager of the Murrieta Police Department

WHEREAS I, _____ have made the voluntary request to participate in the sit-along program, and be a guest of the dispatch center, and sit with a member of the communications center during the performance of their official duties. I am aware the dispatch center is the public safety answering point for all police and fire emergency and non-emergency calls within the City of Murrieta. Therefore, I could be present during various types of critical incidents without warning.

I voluntarily accept all responsibility, and do not legally hold the Chief of Police of the Murrieta Police Department, his sureties, all members of the Police Department, employees of the City, employees of the Murrieta Fire Department, its agents and representatives responsible in the event I sustain a physical injury, or suffer a medical condition while participating in the sit-along program. Therefore, I voluntarily and knowingly assume these risks, and by my consent agree that no legal action will be brought against said City, Departments, Chief of Police, Members, Sureties or City Employees, agents or representatives.

Initials: _____ Date: _____

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

Date: _____ Signature: _____

Print Name: _____

Signature of authorized parent or guardian, confirming and agreeing to the above, if applicant is a minor

Date: _____ Signature: _____

Print Name: _____

