



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Department of Public Safety
Caller Box 10007 Susupe, Saipan, MP 96950



Santiago Tudela
Commissioner, DPS

Benigno R. Fitial
Governor

Timothy P. Villagomez
Lieutenant Governor

RIDE ALONG PROGRAM

CONFIDENTIALITY AGREEMENT

WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

Emergency (24 hrs.) 911

DPS Main Switchboard
(670) 664-9000

Office of the
Commissioner
Tel : 664-9022
Fax: 664-9027

Police Division
Tel : 664-9001/2

Fire Division
Tel : 664-9003/4
Fax: 664-9009

Bureau of Motor Vehicle
Tel : 664-9066
Fax: 664-9067

Training and Development
Tel : 664-9094
Fax: 664-9096

Administrative Support
Tel : 664-9000
Fax: 664-9019

Criminal Investigation
Tel : 664-9042
Fax: 664-9051

Traffic Investigation
Tel : 664-9084
Fax: 664-9086

Office of Special Services
Tel : 664-9120
Fax: 664-9141

Rota DPS
Tel : (670) 532-9433
Fax: (670) 532-9434

Tinian DPS
Tel : (670) 433-9222
Fax: (670) 433-9259

I, _____, being over the age of eighteen or having parental/guardian consent and not being a member of the Commonwealth of the Northern Mariana Islands Department of Public Safety, have made a voluntary request to ride as a guest in a vehicle or vessel assigned to the Department of Public Safety and to accompany a member or members of the _____ (Division) during the performance of their duties in or outside departmental facilities; and

The Department of Public Safety of the Commonwealth of the Northern Mariana Islands is willing to allow me to ride in or on a vehicle or vessel assigned to that Division and to accompany a member or members of that Division during the performance of their duties in or outside of departmental facilities on the conditions stated herein:

- 1. I understand that as a result of the privilege of my participation in the Ride-Along Program I may learn information regarding suspects, witnesses, victims, crimes, injuries, illnesses, family disputes and many other types of information that may be considered confidential. I understand that this information is not to be communicated in any way to anyone, including my family or friends.
2. I understand that should I communicate any information to anyone in any way and then should any damage occur because of my behavior, then the Government of the Commonwealth of the Northern Mariana Islands, their sureties, the Department of Public Safety, Department of Public Safety personnel, individual officials, individual officers, or other Department of Public Safety personnel who give recommendations, directions, or instructions or engage in evaluation of risk evaluation or loss control activities regarding Ride-Along Programs, all for the purpose herein referred to as "Releasees," shall not be liable for any damage, loss or expense whatsoever.
3. That I myself, my heirs, executors, administrators and assigns will defend and indemnify the Releasees against any and all manner of actions, causes of action, 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 in releasing information learned during my ride-along, and I will not divulge any information I learned regarding the Department of Public Safety, its operations or other matters learned while working in this program unless the authority having jurisdiction grants permission for its release.

I hereby represent that I have carefully read and understood the contents of this document and signed the same of my own free will.

Signature

Date

Signature of Parent or Guardian
(If applicant is less than 18 years of age)

Date

Name of Witness (Please Print)

Signature of Witness

Date