

# Operation: Outreach Community Chaplain Application

## **I. PURPOSE**

Clergy members and Community Lay Leaders have expressed an interest and desire to help the cities' At-Risk and Troubled youth. To this end, Operation: Outreach was developed and implemented allowing for the Taunton Community Police and Community Chaplains to ride together, on a monthly basis, visiting the homes and families of At-Risk Teens. In addition to Rides, Chaplains will work with the Taunton High School Youth Court as well as the Department of Probation and Youth at the Teen Center.

## **II. POLICY:**

It is the policy of the Community Chaplains to enhance communications between the members of Community Police Officers (CPOs) and the citizens they serve. It is also to improve community relations between the area Clergy and the Taunton Area Community at large.

## **III. PROCEDURE:**

This "**Operation: Outreach**" program is hereby established with the express goal of improving the quality of life for the cities' At-Risk Youth as well as improving interaction between the community, the area Clergy and the local Police Department. Anyone wishing to join the Program must complete and submit the attached request, Certain conditions apply:

1. Applicant must be at least 18 years of age.
  - a. All applicants may have a criminal history (CORI) record check run before the application is approved.
  - b. All applicants must be approved by the NEAOCC.
2. Unless otherwise noted on the applicant's form, all applicants will complete a **2 Hour** Tour.
3. Applicant must have a legitimate reason for requesting to participate in the program:
  - a. Clergy Member
  - b. member of Law Enforcement
  - c. Lay Leader on behalf of a Church
  - d. NEAOCC Member
  - e. Qualified Counselor, as approved
  - f. Doctor/Nurse, as approved
  - g. Other (legitimacy of reason will be determined by the NEAOCC).
4. Applicants can participate in the program as often as they like with approval.
5. Permission to participate (**ride**) can be immediately terminated/revoked at any time the NEAOCC or CPO deems such an action appropriate, such as the participant's actions, attitude, conduct, unannounced events or other exigent circumstances.
6. **Ride-a-Long** participants will not participate in the care of patients, apprehension of perpetrators or in the rescue of victims, unless certified to do so and approved by the on scene officer - copies of certifications must be attached to the application or submitted separately.

Approval of the application will be the responsibility of the NEAOCC program Administrator. Chaplains requesting Ride-Alongs must also be approved by the Chief of Police.

# APPLICATION to JOIN OPERATION: OUTREACH

**Date:** \_\_\_\_\_

I, hereby request permission to participate in the Operation: Outreach, the **Ride-a-Long** Program. I would like to **ride** with the Community Police & Chaplains beginning on:

**Start Date:** \_\_\_\_\_

**Days Available:** \_\_\_\_\_

**Hours Available:** \_\_\_\_\_

**Do you wish to go on Ride-Alongs:** \_\_\_\_\_

**What Experience can you bring to this program is:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Ride-Along Participation:** Realizing the dangers inherent in riding with police officers, I hereby waive any claim against the Town of Taunton, MA its employees, the Taunton Police Department, its officers, its employees or NEAOCC members, of any liability for any injury or property damage that might arise through my participation.

I expressly acknowledge that I will be traveling in a Police Vehicle at potentially high speeds. I may be traveling to places of danger where there may be a risk of exposure to hazardous materials, fire, passing vehicles, physical violence, exposure to blood and blood-borne diseases or other circumstances that may result in injury or death to me. With this knowledge, I hereby choose to participate in the program fully aware of all these risks.

I fully understand that I am **NOT to exit the vehicle, in an emergency**, unless told to do so by the police officer or in the event exigent circumstances would arise which threaten my safety.

**Full Name:** \_\_\_\_\_

**Church/Ministry:** \_\_\_\_\_

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

**City, State:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **(for Cori Check)**

Please Do Not Write Below This Line

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**Date:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_

**DENIED:** \_\_\_\_\_ **REASON:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_