



Loveland Emergency Communications Center
810 East 10th Street
Loveland, Colorado 80537
(970) 667-2151
www.cityofloveland.org

CONFIDENTIALITY AGREEMENT

Non-Disclosure of Confidential Information

The Loveland Emergency Communications Center is pleased to offer a sit-along program for interested members of the community and prospective applicants. All sit-along requests must be approved and scheduled by a Communications Supervisor and/or Manager. Dress code should be business casual including proper hygiene and clean clothing. Please read below carefully and sign prior to the scheduled sit-along.

As evidence by my signature below:

1. I understand and agree that I am subject to and must satisfactorily clear a background check to have access into Loveland Emergency Communications Center. This includes an NCIC/CCIC check and a Department's Records Management System (RMS) search.
2. I agree not to discuss or disclose any confidential information observed or heard while participating in the Communications sit-along program. I understand that I may learn of or have access to information (verbal, written, or electronic) which is of personal, safety-sensitive or otherwise confidential in nature. Such information includes but is not limited to incident reports, NCIC/CCIC information, Computer Aided Dispatch/RMS information and other law enforcement or Police, Fire or EMS Service related information. I agree to maintain the confidentiality of such information and will not divulge it to anyone for any purpose.
3. I understand that any type of video, photographic, or recording devices including cell phones are not permitted during the Communications sit-along.
4. I understand and agree that my failure to comply with the confidentiality requirement may result in the City or third parties seeking criminal or civil sanctions or damages against me as may be allowed by law.
5. I understand that my participation in the Communications sit-along program may be terminated at any time at the sole discretion of the Communications supervisor or manager.
6. I have read and understand this agreement and agree to comply with it in every respect.

Printed Full Name

Date of Birth

Street Address

City, State, Zip Code

Home Phone Number

Cell Phone Number

Signature

Date

Submit completed form to PoliceCommSuper@cityofloveland.org or drop off at the front desk.



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Supervisor/Manager Signature

Date

Date of Sit-A-Long

Specialist assigned to sit with