

## SACRAMENTO POLICE DEPARTMENT RIDE ALONG PROGRAM APPLICATION

PRINT NAME (LAST, FIRST, MIDDLE) (MAIDEN)		SOCIAL SECURITY NUMBER				DATE				
STREET ADDRESS		CITY		STATE		ZIP CODE		RESIDENCE PHONE		
DRIVERS LICENSE NUMBER		SEX	RACE	AGE	DATE OF BIRTH		HT	WT	HAIR	EYES
OCCUPATION			NAME F EMPLOYER/SCHOOL				BUSINESS PHONE			
DO YOU HAVE ANY PAST ARRESTS OR PENDING COURT CASES?      NO      YES      LIST DATE, AGENCY, CHARGE, AND DISPOSITION. ATTACH ADDITIONAL SHEETS IF NECESSARY.										
WHY DO YOU WANT TO PARTICIPATE ON A RIDE ALONG? WHO RECOMMENDED THAT YOU PARTICIPATE? (EXAMPLE: POLICE OFFICER, SCHOOL INSTRUCTOR, SELF, ETC.)										
DO YOU HAVE ANY PHYSICAL LIMITATIONS?      NO      YES HIGH BLOOD PRESSURE      HEART CONDITION      NERVOUS OR MENTAL CONDITION      OTHER (LIST)										
LIST PREVIOUS PARTICIPATION IN ANY RIDE ALONG PROGRAM. INCLUDE THE AGENCY AND DATE PARTICIPATED.										
REQUESTED DAY / SHIFT OF PARTICIPATION. CHECK AS MANY AS PRACTICAL.										
SHIFT	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY			
GRAVEYARD										
DAY										
SWING / MID										

### BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of California to release to the Sacramento Police Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Sacramento Police Department in evaluating my eligibility for participation in the Ride Along Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

### READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR EXPLORER CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS WHO WISH TO PARTICIPATE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**\*\*\*\*BE SURE TO FILL OUT BOTH SIDES\*\*\*\***

FOR DEPARTMENTAL USE ONLY

DATE/TIME TO RIDE \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ OFFICER(S): \_\_\_\_\_

**INDEMNITY AND HOLD HARMLESS AGREEMENT**

Whereas the undersigned

being an employee or agent of the City of Sacramento  
 not being a member, employee or agent of the Sacramento Police Department or the City of Sacramento

has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and staffed by members of the Sacramento Police Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their official duties as Police Officers.

Now, therefore, in consideration of the City of Sacramento, a Municipal corporation, by and through its Police Department, cooperating in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISKS arising in the course of said activity, including personal injury, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the City of Sacramento, its officers, employees and agents, which may occur during my participation in the ride-along. I understand that any aspect of police work can be a dangerous activity, and I agree to participate with knowledge of the damages.

The undersigned specifically agrees to defend, indemnify and hold harmless the City, its officers, agents and employees, from and against any and all claims, loss, damage and liability for injury to the undersigned person or property, including any such claim, loss, damage and liability caused by the negligence of the City, its agents, officers, and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless the City, its officers, agents and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a guest or observer in any Sacramento Police Department vehicle or while accompanying a member of said department during the active performance of his or her official duties as a peace officer.

**READ THIS DOCUMENT COOMPLETELY BEFORE SIGNING**

I have read and voluntarily signed this "Release and Waiver of Liability and Indemnity Agreement" and acknowledge the significance of it. I agree that no oral representations, statements or inducements have been made to me which are not set forth in this Agreement.

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE EXPLORER CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS.

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

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN

**FOR POLICE DEPARTMENT USE ONLY**

APPROVED	WATCH COMMANDER	DATE	DL OK
DISAPPROVED			CITY CLEAR
APPROVED	SECTOR CAPTAIN	DATE	COUNTY CLEAR
DISAPPROVED			WARRANT CLEAR
APPROVED	DEPUTY CHIEF OF POLICE	DATE	CRIMINAL HISTORY CLEAR
DISAPPROVED			PAST RIDE CLEAR
APPROVED		DATE	DONE BY:
DISAPPROVED			
COMMENTS:			