

SACRAMENTO POLICE DEPARTMENT COMMUNICATIONS SIT-ALONG PROGRAM APPLICATION

PRINT NAME (LAST, FIRST, MIDDLE, MAIDEN)				SOCIAL SECURITY NUMBER				DATE	
STREET ADDRESS			CITY		STATE		ZIP		RESIDENCE PHONE
DRIVERS LICENSE NUMBER	SEX	RACE	AGE	DATE OF BIRTH (MM/DD/YY)	HT (FT/IN)	WT	HAIR	EYES	
OCCUPATION			NAME OF EMPLOYER/SCHOOL				BUSINESS PHONE		
DO YOU HAVE ANY PAST ARRESTS OR PENDING COURT CASES? <input type="checkbox"/> NO <input type="checkbox"/> YES LIST AGENCY AND DISPOSITION. USE BACK OF THIS FORM IF NECESSARY									
WHY DO YOU WANT TO PARTICIPATE IN A SIT-ALONG? WHO RECOMMENDED THAT YOU DO? (EXAMPLE: DISPATCHER, POLICE OFFICER, SCHOOL INSTRUCTOR, ETC.)									
DO YOU HAVE ANY PHYSICAL LIMITATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES									
<input type="checkbox"/> HIGH BLOOD PRESSURE		<input type="checkbox"/> HEART CONDITION		<input type="checkbox"/> NERVOUS OR MENTAL CONDITION			<input type="checkbox"/> OTHER		
LIST PREVIOUS PARTICIPATION IN ANY SIT-ALONG PROGRAM. INCLUDE AGENCY AND DATE PARTICIPATED									
REQUEST 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 Sit-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 persons 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 APPLICANTS UNDER THE AGE OF EIGHTEEN (18) YEARS WHO WISH TO PARTICIPATE.

SIGNATURE OF APPLICANT


SIGNATURE OF PARENT OR GUARDIAN

PLEASE COMPLETE BOTH SIDES

FOR DEPARTMENTAL USE ONLY

DATE/TIME OF SIT-ALONG _____

SUPERVISOR _____ DISPATCHER _____

916-264-5011  我們講中文 • Hablamos Español • Мы говорим по-русски • ພວກເຮົາເວົ້າພາສາລາວໄດ້ • Peb hais lus Hmoob • Chúng tôi nói tiếng Việt

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 City of Sacramento

has made a voluntary request for permission to sit-along as a guest or observer in the Public Safety Communications Center with a member of the Sacramento Police Department during the active performance of that member's official duties as Police Dispatcher.

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 equipment and 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 dispatchers, employees and agents, which may occur during my participation in the sit-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 dispatchers, 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 dispatchers, agents, officers and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless the City, its dispatchers, 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 a guest or observer in any Sacramento Police facility or vehicle or while accompanying a member of said department during the active performance of his or her official duties as a police dispatcher.

READ THIS DOCUMENT COMPLETELY 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 document.

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

Date: _____

SIGNATURE OF APPLICANT

SIGNATURE OF GUARDIAN OR PARENT

Completed forms may be returned by mail to 9-1-1 Center, 7397 San Joaquin Street, Sacramento, CA 95820, or faxed to 916-277-1829

FOR POLICE DEPARTMENT USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	CAPTAIN MANAGER OR ASSISTANT MANAGER SUPERVISING DISPATCHER DISAPPROVED	DATE DATE DATE	<input type="checkbox"/> DL OK <input type="checkbox"/> CITY CLEAR <input type="checkbox"/> COUNTY CLEAR <input type="checkbox"/> WARRANT CLEAR <input type="checkbox"/> CRIMINAL HISTORY CLEAR <input type="checkbox"/> PAST SIT-ALONG CLEAR DONE BY: _____
COMMENTS: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			