CITIZEN OBSERVER (RIDE-ALONG) PROGRAM APPLICATION

LAST NAME	FIRST NAM	ME MIDDLE NAM	ME MAIDEN	
STREET/MAILING	ADDRESS	CITY	CITY ZIP CODE	
PHONES (HOME)		DATE OF BIR	DATE OF BIRTH	
(WORK)		SSN	SSN	
• • •		ivilian observer in a Poli	ce Department patrol vehicle	
I further agree with a	nd voluntarily sign the		less Agreement (on reverse).	
All requested dates li	sted below are at least	t ten (10) days after submi	itting this application:	
1st Choice:	Date	Time		
3rd Choice:	Date	Time		
Signature of Applican	nt	Date		
		R OFFICE USE ONLY)		
Date/Time Received		By		
Checks: CCH	Wan	ted	DL	
Approved/Denied	Notified By	Date		
Assigned Date/Time/	Officer			
Host Officer Name/C	comments			

POLICE DEPARTMENT CITIZEN OBSERVER (RIDE-ALONG) PROGRAM

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of being permitted to ride in a vehicle owned and operated by the City, for the expressed purpose of observing operations and facilities of the Police Department, the undersigned agrees to release and hold harmless the City, its agents, employees, and elected official from any and all liability to me for personal injury or death or any property damage, whether proximate or remote, sustained during or as a result of my ride as an observer.

I understand that I will be a guest passenger in the vehicle in which I ride and have not offered any payment to the Police Department or its employees for the opportunity to ride. I further understand that I may be summoned as a witness in any proceeding as a result of my observations.

This observation is for my educational benefit. At all times, I agree to obey all orders, instructions and commands of the officer(s) of the Police Department. I fully realize and appreciate the basic nature of law enforcement and the possibility that situations may arise which might result in my exposure to danger of physical harm or injury, including traffic accidents, and I am willing to accept these risks. I further agree to keep confidential anything which I may observe or hear. I understand that my observation ride may be terminated at any time without notice.

I authorize the Police Department to conduct a complete records check of me prior to riding and understand that any information of an adverse or criminal nature may disqualify me.

I freely and voluntarily sign this Release and Hold Harmless Agreement in sole reliance of my

own independent judgment.	
Signature of Applicant	Date
Release and Hold Harmless Agreement	oplicants under age of 18): I have read and understand the and agree to be bound to its provisions as they apply to my I agree to assume full responsibility for my son/daughter forth.
Parent/Guardian Signature	Date