

**THANK YOU FOR YOUR INTEREST IN THE
VACAVILLE POLICE DEPARTMENT'S
RIDE-ALONG PROGRAM**



In order to protect the safety of our citizens and police officers:

- ❖ A copy of your photo ID **must** be submitted with your completed ride-along application
- ❖ All ride-along applicants **will** undergo a background check
- ❖ The following items are **prohibited** during all ride-alongs:
 - ✓ NO backpacks
 - ✓ NO packages
 - ✓ NO oversized purses
 - ✓ NO cellular phones

All ride-along applicants must be residents of the city of Vacaville.

Thank you!!

New Student Driver VPD Job Applicant(position)_____
 VPD Employee (Section)_____ Other_____

VACAVILLE POLICE DEPARTMENT
RIDE-ALONG REQUEST, INDEMNIFICATION, AND LIABILITY WAIVER

APPLICANT _____ BIRTHDATE _____ AGE ____ MALE__ FEMALE __

ADDRESS _____ CITY _____ STATE _____ PHONE(DAY) _____ PHONE (NIGHT) _____

EMAIL ADDRESS (For scheduling ride-along): _____ @ _____

BUSINESS OCCUPATION (If student, list school and grade): _____

IN CASE OF EMERGENCY OR ACCIDENT (NEAREST RELATIVE, PARENT OR GUARDIAN):

NAME ADDRESS CITY STATE RELATIONSHIP TELEPHONE

I request the privilege of riding along with and accompanying one or more police officers of the Vacaville Police Department on his/her daily duties. In consideration of being allowed to participate in the Ride-Along Program, I state and agree to the following:

I understand that I will be assigned to ride with one or more police officers who will attend to his/her normal duties and will respond to all calls for service. I am aware that a police officer can be and often is assigned duties which involve physical danger and serious risk of harm. I understand that by accompanying members of the Vacaville Police Department, there is a high probability that I will be exposed to hazardous situations inherent in police work where I may be at risk for serious or even fatal injury, including, but not limited to, high speed vehicle operations, accidents, arrests, the use of dangerous weapons, assaults, riots, breaches of the peace, unlawful acts or forcible resistance by law violators or suspected law violators, defective condition of equipment or facilities, and the negligence of other people, including, but not limited to, other participants, volunteers, officers and citizens, and I further understand that the police officer will not avoid or disregard his/her duties which involve such risks or dangers simply because I am accompanying him/her.

Knowing the risks involved, I hereby assume any and all risks of injury, death or property damage arising out of or in any way connected with my participation in said Ride-Along Program, and understand that I am responsible for my own safety. On behalf of myself, my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns, I waive, release, and discharge in advance the City and its officers, officials, employees, contractors, agents and volunteers ("City personnel") from and against all liability arising out of or connected in any way with my participation in the Ride-Along Program, whether caused by the negligence or other legal fault of the City or City personnel, or the care, maintenance, or use of any facility, vehicle, or other equipment used in the performance of the police officer's duties. In further consideration of my being allowed to participate in the Ride-Along Program, I agree to indemnify and hold harmless the City and all City personnel from any loss, liability, damage, cost or expense they might incur from my participation, including litigation costs or expenses.

I understand and agree that this waiver and indemnification agreement is intended to be as broad and inclusive as permitted by law, and that if any portion of this waiver and indemnification agreement is invalid, the balance shall continue in full force and effect.

I HAVE CAREFULLY READ THIS WAIVER AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF VACAVILLE. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS WAIVER AND INDEMNIFICATION AGREEMENT OF MY OWN FREE WILL.

Dated this _____ day of _____, 200__, at Vacaville, California.

(Signature of Applicant)

TO BE COMPLETED BY HOST OFFICER:

Incomplete form, look for highlighted area. Rider must complete form prior to ride along

Date/time ride-along took place: _____

Officer name: _____ /badge number _____

Comments

Not valid without the ride-along rules and procedures and ride-along release/consent to medical treatment forms signed and attached.

PARENT OR GUARDIAN WAIVER

(If applicant is under 18)

I, the undersigned, am the parent or legal guardian of the minor participant and request that my child be allowed to participate in the Ride-Along Program. I have carefully read this waiver and indemnification agreement, know and understand its contents, and sign it voluntarily intending that it be binding upon the minor participant and myself, and our heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns. I expressly assume the duties, liabilities, and terms and conditions contained herein.

FATHER _____ Address _____ Phone _____
(Signature)

MOTHER _____ Address _____ Phone _____
(Signature)

GUARDIAN _____ Address _____ Phone _____
(Signature)

WITNESS _____
(Police Department Employee)

FOR OFFICE USE ONLY:
DATE & TIME ASSIGNED: _____
BACKGROUND CHECK COMPLETED BY: _____ ID# _____ DATE: _____
Comments: _____

Not valid without the ride-along rules and procedures and ride-along release/consent to medical treatment forms signed and attached.

Ride-Along Rules and Procedures (MAKE COPY FOR YOUR REFERENCE)

1. Citizens 14 years of age and older have the opportunity to participate in the Ride-Along Program. If you are less than 18 years of age, you must have consent of a parent or legal guardian. Applicants will be selected on a first-come, first-served basis.
2. Applicants must apply for the ride-along at least 4-6 weeks prior to the desired date of participation. Exception to this time frame may be granted at the discretion of a Division Commander or Shift Supervisor.
3. The Indemnification and Waiver of Liability and Medical Release forms must be completed and these Ride-Along rules and procedures must be read and signed by all applicants before participating.
4. All applicants requesting to participate in the Ride-Along Program are subject to approval by the Ride-a-Long Coordinator, a Division Commander or Shift Supervisor, prior to participation.
5. Each applicant will be allowed to participate once within a six-month period. Exceptions may be made by a Division Commander or Shift Supervisor on a case by case basis. Separate and approved applications will be required for each ride-along.
7. A ride-along will normally be for four hours. Minors will not ride past 10:00 p.m.
8. You must report to the Police Department thirty minutes prior to going on the ride-along. This will assure that you will be ready to go on tour when the host officer leaves the station. You must provide your transportation to and from the Police Department.
9. You should eat before going on the ride-along.
10. Because you will be exposed to the public, you must be neat and clean in appearance and behave appropriately. While in the patrol unit, you are in effect part of the Police Department and the Department must be at its best. No shorts or tank tops. Shoes must be worn (no flip-flops).
11. You are not allowed to have in your possession weapons of any type, including, but not limited to, mace/pepper spray, batons or clubs, stun guns, guns or ammunition, knives, etc. You are not allowed to possess handcuffs, flashlights, radios, scanners, cameras, video or audio recording devices of any type, or anything which may be prohibited by the on-duty Division Commander or Shift Supervisor at the time of your ride-along.
12. You will not be allowed on the ride-along if you have consumed any alcoholic beverage or drug, or while under the influence of any alcoholic beverage or drug, or if the odor of any alcoholic beverage emits from your breath or person.
13. When you cannot report for your ride-along at the assigned time and date, you must notify the Police Department. Failure to cancel prior to your ride-along shall result in a loss of ride-along privileges for six (6) months.
14. During the ride-along you may be exposed to confidential information, including, but not limited to, special police tactics, information concerning juveniles or other suspects, criminal history information, and other information of a confidential or privileged nature. You agree that you will not disclose such information to any person.
15. During the ride-along you agree not to become involved in any investigation by involving yourself in handling evidence, discussion with or interrogation of victim(s) or suspect(s), or handling of police equipment.
16. Unless the host officer is in the middle of a call, you may at any time request to be returned to the station to conclude the ride-along.
17. For safety purposes, you agree to remain under the supervision and control of the host officer at all times.
18. When there is danger of injury, the host officer may, at his/her discretion, discharge you from the patrol unit in a well lighted, safe location. When the host officer needs to place you out of the unit for any reason, you shall remain at the location until picked up by another officer or the host officer.
19. When you are in an emergency situation, you must immediately and without question comply with all orders or directions given to you by the host officer.
20. Your participation in the ride-along program may be terminated at any time prior to or during the ride-along at the discretion of the host officer, Division Commander or Shift Supervisor. (Example: If you are unruly, fail to obey instructions, or distract the host officer from his/her duties).
21. If you are a member of a Basic Law Enforcement Academy, the host officer must complete the evaluation provided by you and return it to you with one copy to the Human Resources Department at the end of the shift.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE RIDE-ALONG RULES AND PROCEDURES, AND I AGREE TO ABIDE BY THEM.

(Signature of Applicant)

Date _____

(Parent or legal guardian if applicant is under the age of 18)

Date _____

Note: Please read and complete reverse side of form.

VACAVILLE POLICE DEPARTMENT
RIDE-ALONG RELEASE/CONSENT TO MEDICAL TREATMENT

I, the undersigned, represent, understand and agree that:

1. I certify that I am in good health and am physically fit for participation in the Ride-Along Program, and have not been advised otherwise by a qualified medical person.
2. I hereby consent to receive such emergency, medical and/or hospital treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Ride-Along Program.
3. I realize and appreciate that there is a possibility of complication and unforeseen consequences in any emergency, medical and/or hospital treatment, and knowing the risks involved, I hereby assume any and all such risks. Further, I acknowledge that no warranty is being made by the City and its officers, officials, employees, contractors, agents and volunteers ("City personnel") as to the results of any such treatment.
4. On behalf of myself, my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns, I waive, release, and discharge in advance the City and all City personnel from and against all liability arising out of or connected in any way with the rendering of emergency, medical and/or hospital treatment as a result of my participation in the Ride-Along Program, whether caused by the negligence or other legal fault of the City or City personnel.
5. I agree to indemnify and hold harmless the City and all City personnel from any loss, liability, damage, cost or expense they might incur, including litigation, as a result of the rendering of emergency, medical and/or hospital treatment to myself arising from my participation in the Ride-Along Program.
6. I understand that the City provides no medical insurance for treatment of injury, accident or illness and that any cost of treatment will be at my expense.
7. I understand and agree that this release and consent to medical treatment is intended to be as broad and inclusive as permitted by law, and that if any portion of this release and consent to medical treatment is invalid, the balance shall continue in full force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND CONSENT TO MEDICAL TREATMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF VACAVILLE. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS RELEASE AND CONSENT TO MEDICAL TREATMENT OF MY OWN FREE WILL.

(Signature of Applicant)

Date _____

(Parent or legal guardian if applicant is under the age of 18)

Date _____