



**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
POLICE DEPARTMENT**

RIDE-ALONG APPLICATION

FULL NAME OF APPLICANT		DATE	
ADDRESS	CITY	STATE	ZIP CODE
DRIVER'S LICENSE / I.D. NO.	DATE OF BIRTH	PRIMARY PHONE NO.	WORK PHONE NO.
OCCUPATION	HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMERGENCY CONTACT NAME	CONTACT NO.		
EMERGENCY CONTACT ADDRESS	CITY	STATE	ZIP CODE
PRIMARY RIDE-ALONG REQUEST DATE	TIME	DAY	
SECONDARY RIDE-ALONG REQUEST DATE	TIME	DAY	
DID AN OFFICER INITIATE REQUEST?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PURPOSE OF RIDE-ALONG			

RIDE-ALONG REGULATIONS		Initial Below
<i>Please review the Observer Rules of Conduct and initial each of the boxes to the left.</i>		
1.	Ride-along applicant understands that the VCCCD Police Department will conduct an automated check of their DMV status and Criminal Offender Records Information for data related to prior arrests and convictions.	
2.	Appropriate business-casual attire is required. T-Shirts, tank tops, denim pants, tennis shoes, shorts, and hats are not acceptable. The supervisor may refuse a ride-along to persons not properly attired.	
3.	The observer will use seat belts when the patrol car is in motion. The observer shall not exit the patrol car without express permission from the officer.	
4.	The observer shall not become involved in any investigation by handling evidence, contacting victims, suspects, or witnesses, nor shall the observer handle or operate police equipment.	
5.	Observers must follow the instructions of officers at all times. If the observer fails to comply with directives, the observer will be returned to the supervisor for appropriate action.	
6.	During your ride-along, you may be exposed to information on persons contacted by, or under investigation of, the police. You are prohibited by law from divulging any information to anyone.	

STOP! THIS SECTION TO BE COMPLETED BY DEPARTMENT ONLY.			
DATE REQUEST RECEIVED		OFFICER / CADET RECEIVING REQUEST	
RIMS	DATE COMPLETED	RESULTS	STAFF INITIALS
CLEWS	DATE COMPLETED	RESULTS	STAFF INITIALS
CLETS	DATE COMPLETED	RESULTS	STAFF INITIALS
NCIC	DATE COMPLETED	RESULTS	STAFF INITIALS
COUNTY	DATE COMPLETED	RESULTS	STAFF INITIALS
CII	DATE COMPLETED	RESULTS	STAFF INITIALS
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	SUPERVISOR	DATE



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**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE
WAIVER AND RELEASE OF CLAIMS**

As used in this statement, the term "law enforcement" shall be the VCCCD Police Department.

Whereas the undersigned, not being a member, employee, or agent of any law enforcement department, has made a voluntary written request for permission to ride as a guest or observer and that said law enforcement department did not take the initiative in extending an invitation to ride or accompany its members in a law enforcement department vehicle at a time when such vehicle is operated and manned by members of said law enforcement during the active performance of their official duties as Police Officers.

The undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous, involving possible risk of injury, damage, expense, or loss to person and property, and further agrees the District, the law enforcement department, any member of a law enforcement department, the driver, or owner of any automobile owned or operated by, or in the service of the District, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate, or heirs, for any injury, damage, expense, or loss to the person or property of the undersigned incurred while riding as a guest or observer in any law enforcement department vehicle or while accompanying a member of said department during the active performance of his or her official duties as a Police Officer.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

I hereby declare under penalty of perjury that I have read and understand the foregoing waiver and release of claims statement and fully agree to each and every term and condition contained herein.

APPLICANT'S PRINTED NAME

DATE

APPLICANT'S SIGNATURE

APPLICANT'S PHONE NO.

PARENT/GUARDIAN SIGNATURE (*minor only*)

DATE

OFFICER'S SIGNATURE

DATE

Information for Rider:

The civilian guest who rides-along with an officer is responsible for all of his/her expenses incurred during the ride-along. If the host officer feels that the performance of his or her duties is being impaired in any manner by the actions of the guest rider, the officer has the authority and obligation to return the guest to the station and discontinue the ride-along.

Disposition:

DATE RODE

COLLEGE AND TIME

OFFICER

COMMENTS: _____

