

FULL NAME OF APPLICANT

POLICE DEPARTMENT

RIDE-ALONG APPLICATION

DATE

ADDRESS			CITY	STATE	STATE ZIP CODE		
DRIVER'S LICENSE / I.D.	NO. DATE OF	BIRTH	PRIMARY PHONE N	O. WORK	PHONE NO.		
OCCUPATION			HAVE YOU EVER E CONVICTED OF OR F GUILTY TO A CRIME?		YES [] 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?							
PURPOSE OF RIDE-ALONG							
Please re		ALONG REGU es of Conduct an	LATIONS d initial each of the box	res to the left.		Initial Below	
A Ride-along applicant	Ride-along applicant understands that the VCCCD Police Department will conduct an automated check of their DMV						
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.							
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.							
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.							
I understand that I am prohibited from taking photographs or making any type of recordings (e.g., video, audio) during a ride-along. Exceptions may only be made for members of the media and only with prior approval of the Chief of Police or their designee.							
8. I understand that I may possibly be subpoenaed to testify in court for incident(s) that I witnessed during the ride-along.							
DATE REQUEST RECEIVED		ON TO BE CON	MPLETED BY DEPA OFFICER / CADET RECEIT		ſ		
	DATE COMPLETED	RESULTS			OFFIC	ER INITIALS	
RIMS	DATE COMPLETED	RESULTS				ER INITIALS	
CORI / NCIC / DMV							
VCJIS	DATE COMPLETED	RESULTS				ER INITIALS	
PREVIOUS RIDE-ALONG DATE:			D	O RECORD	OFFIC	ER INITIALS	
☐ APPROVED	☐ DENIED	SUPERVISOR	2		DATE		



POLICE DEPARTMENT

RIDE-ALONG APPLICATION

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

As used in this statement, the abbreviation "VCCCD" shall be the Ventura County Community College District.

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 the VCCCD Police Department did not take the initiative in extending an invitation to ride or accompany its members in a VCCCD Police Department vehicle at a time when such vehicle is operated and manned by members of the VCCCD Police Department during the active performance of their official duties as police officers.

The undersigned acknowledges that the work and activities of the VCCCD Police Department are inherently dangerous, involving possible risk of injury, damage, expense, or loss to person and property, and further agrees the VCCCD, the VCCCD Police Department, any member of the VCCCD Police Department, the driver, or owner of any automobile owned or operated by, or in the service of the VCCCD, 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 VCCCD Police Department vehicle or while accompanying a member of the VCCCD Police 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 o	only)	DATE	
OFFICER'S SIGNATURE		DATE	
Information for Rider: The civilian guest who rides-along wide-along. If the host officer feels the actions of the guest rider, the officentinue the ride-along.	nat the performance of his o	or her duties is being impaired in an	ny manner by
Disposition:			
DATE RODE	COLLEGE AND TIME	OFFICER	
COMMENTS:			