



# RIDE-ALONG PROGRAM APPLICATION

Ride-along applications will be approved by the program coordinator before any ride-along. Since the police department receives many such applications, applicants must meet one of the following requirements: 1) Be a student currently enrolled in a criminal justice program, 2) Be a Keizer resident engaged in volunteer work with the city or for the general interest of the public good in which a ride-along would be beneficial to the mission of the department, or 3) Be an employee or volunteer with an organization that has an objective interest in policing (e.g., Dispatch, Union Gospel Mission, NAACP, media, etc). In addition, all riders must be unarmed and properly attired in business casual clothing at time of the ride-along.

\*\*Ride-along applications are subject to approval and may be denied without explanation\*\*

Name (Last, First, Middle)		Maiden/Other Names Used	
Address (include City/State/Zip)		Emergency Contact	
Phone Number	Driver License Number	Date of Birth	Emergency Contact Number

I hereby request permission to ride as a citizen observer with an officer of the Keizer Police Department because: (Detailed response must be provided. Use separate sheet if necessary to provide more detail.)

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Listed below are my preferred dates and hours for a ride-along. These dates are at least 21 days from the date when my application is submitted to allow for scheduling. I further agree with and voluntarily sign the Release and Hold Harmless Agreement listed on the reverse.

1st Preference    Date \_\_\_\_\_    Time (from/to) \_\_\_\_\_ - \_\_\_\_\_ (4hr block)  
 2nd Preference    Date \_\_\_\_\_    Time (from/to) \_\_\_\_\_ - \_\_\_\_\_ (4hr block)  
 3rd Preference    Date \_\_\_\_\_    Time (from/to) \_\_\_\_\_ - \_\_\_\_\_ (4hr block)

Signature of Applicant \_\_\_\_\_

Date Signed \_\_\_\_\_

FOR DEPARTMENT USE ONLY			
Received By _____		Date/Time Received _____	
Background Checks (Attached) By: CCH _____	Wants _____	DL _____	Name Scan _____
Ride-Along Approved By _____	Date Notified _____	Notified By _____	
Host Officer Assigned _____	Date/Time Assigned _____		
Ride-Along Completed (Date/Time): _____			
Host Officer Comments:			

**Keizer Police Department Ride-Along Program**  
**RELEASE AND HOLD HARMLESS AGREEMENT**

I authorize the Keizer 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 from participating. I understand that I will be a guest passenger in a police vehicle owned by the City of Keizer and operated by employees of the Keizer Police Department and have not offered any payment to the Keizer Police Department or its members for the opportunity to ride. I understand that my observation ride may be cancelled or terminated at any time without notice.

This ride-along is for my educational benefit and I shall not act as an agent for the department or otherwise perform any police-related duty. During this ride-along, I shall not carry any weapon nor shall I operate a patrol vehicle or any other city-owned equipment unless authorized and approved by the shift supervisor.

I fully understand that the basic nature of law enforcement involves many hazards beyond the power and control of the police department and its officers. I recognize that in an emergency situation, my host officer may not be able to both perform their duty and dismiss me from their presence, thereby subjecting me to the same risks as presented to the officer. I acknowledge assumption of these risks which could possibly result in my exposure to danger of physical harm or injury. While riding as an observer, I will obey all orders, instructions and commands made by the officer(s) of the Keizer Police Department at all times, without question or hesitation, and recognize that those directions may not effectively eliminate risk to me. I recognize and give consent to the Keizer Police Department for any necessary medical assistance, including first aid and/or ambulance service, and agree to pay any and all costs incurred.

I agree to keep all information and observations strictly confidential unless otherwise stated by the host officer and recognize the possibility of being held civilly liable for any disclosures of this confidentiality. I understand that I may be summoned as a witness in any court proceeding resulting from actions that occur during the ride-along and that my host officer will provide my contact information when/if applicable. I further understand that any recordings I make, including photographs, may subject the device (cell phone, camera, etc.) to seizure as evidence during the ride or in the future.

In exchange for the privilege of acting as a patrol observer, I hereby forever release, discharge, and acquit the City of Keizer, its officers, agents, and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with my participation hereunder. I have carefully read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

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Signature of Applicant

Date Signed

MANDATORY FOR APPLICANTS UNDER 18 YEARS OF AGE

PARENTAL ENDORSEMENT: I have read and understand this Release and Hold Harmless Agreement and agree to the provisions as they apply to my child, \_\_\_\_\_ . I also agree to assume full responsibility for my child according to the provisions set forth.

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Signature of Parent/Guardian

Date Signed