



**RIO VISTA POLICE DEPARTMENT
RIDE-ALONG APPLICATION/WAIVER**

Print Name: _____
Date: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____
Best time to call: _____
Date of Birth: _____
Occupation: _____
Driver's License: _____

Arrests or convictions? _____ What was the charge? _____

Are you on Probation or Parole? _____

Please provide a brief summary of the reason you would like to participate in the ride-along program:

Not all shifts on all days are available to accept riders. In order to best accommodate you, we ask that you list, in order of preference, the shift and day that you would like to ride-along. The Department limits the ride-along no more than 4 hours.

First Choice (Day/Date Time): _____ --- _____
Second Choice (Day/Date Time): _____ --- _____
Third Choice (Day/Date Time): _____ --- _____

We will make every effort to accommodate your first choice. You will be notified by phone or mail of your scheduled time to ride. Thank you for your interest in our Ride-Along program!

**CITY OF RIO VISTA
POLICE DEPARTMENT
WAIVER AND RELEASE OF ALL CLAIMS
FOR PERSONAL INJURY AND PROPERTY DAMAGE**

I, _____, do certify I am over eighteen years of age.
(please print clearly)

As a private citizen, I have made a voluntary request to ride as a guest in a vehicle assigned to the Rio Vista Police Department and to accompany a member or members of the Police Department during the performance of their official duties. I am aware that I may be subjected to risk of bodily harm or damage to my property by accompanying a member or members of the Rio Vista Police Department. I, therefore, agree that the City of Rio Vista, Chief of Police, members of the Rio Vista Police Department, City Officers, Agents and/or Public Servants shall not be responsible or liable for any injury or damage that may occur. I hereby certify I have read the above waiver; I fully understand the above release and I sign freely and voluntarily.

Signature: _____ Phone: _____

Date: _____

PARENT OR GUARDIAN WAIVER FOR MINOR CHILD

I, _____, certify I am the parent or legal
(please print clearly)

guardian of minor child, _____, age
_____. I have read the above waiver; I understand the release and I willingly and voluntarily give my consent for my child (named above) to participate in the Rio Vista Ride-Along program.

Signature: _____ Phone: _____

Address: _____ Date: _____



FOR POLICE DEPARTMENT USE ONLY

Application Accepted By: _____ Date: _____

Records Check By: _____

Sergeants' Approval: _____ Host Officers Name: _____

Date & Time of Ride-Along: _____

Reason for denial of request:



Ride-Along Regulations Citizen Rights and Responsibilities

1. Citizens who 12 years of age are and older may participate in the program. Applicants under the age of 18 must have consent of a parent or legal guardian.
2. All applicants are subject to the approval of the Rio Vista Police Department prior to participating. Applications/waiver forms must be in one week prior to participating.
3. All applicants will be subject to a background check.
4. You must use your seat belt at all times
5. Ride-alongs are normally booked in 4 hour blocks. Minors are not allowed to ride past 10:00 pm on weekends. You may terminate the ride along at any time and be returned to the station.
6. In the event the officer is dispatched to a hazardous call the citizen rider may be dropped at a reasonable and safe location. The citizen shall remain at that location until picked up by another officer or the host officer.
7. For the purposes of safety, the citizen rider must follow the instructions of the officer to whom they have been assigned. Should the citizen rider fail to obey officer instructions the ride may be terminated immediately. Participation in the ride-along may be terminated at the discretion of the supervisor or police administration.
8. During car stops remain in the patrol car unless otherwise instructed by the officer. If the officer indicates you may exit the vehicle you may stand next to the door of the patrol car.
9. Do not make conversation with any person contacted by an officer.
10. Never become involved in an investigation by handling evidence or equipment.
11. Keep confidential the names and/or other information which, if made public, could be detrimental to public safety and/or to the citizen involved.
12. Dress conservatively. If the supervising officer feels the dress is inappropriate the participant will have the option of changing attire or rescheduling the ride along.

13. The participant should arrive at the station 15 minutes prior to the scheduled ride-along time.
14. All participants must furnish their own transportation to and from the police station.
15. No cameras, tape recorders, weapons, flashlights, etc., will be allowed.
16. It is recommended that participants eat prior to arriving at the station.
17. Notify the police department if the participant cannot report for his/her scheduled time.

Failure to notify the department could result in the loss of any future ride-along privileges

I acknowledge that I have read and understand the above rights, rules and procedures.

Name: _____

Signature: _____ Date: _____