



# RIO VISTA POLICE DEPARTMENT



## RIDE-ALONG APPLICATION AND WAIVER

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been arrested: \_\_\_\_\_ If yes, what for: \_\_\_\_\_

Are you on parole or probation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please provide a brief summary of the reason you want to participate on a ride-along: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You will be notified via phone of the approval or denial of your request and schedule a time to participate (if approved).

**FOR POLICE DEPARTMENT USE ONLY**

Records check completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Applicant Notified: \_\_\_\_\_

Scheduled Date / Time of Ride-Along: \_\_\_\_\_

**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. As a  
(PLEASE PRINT CLEARLY)  
private person, 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: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR GUARDIAN WAIVER FOR MINOR CHILD**

I, \_\_\_\_\_, certify I am the parent or legal  
PARENTS NAME - PRINT CLEARLY  
guardian of minor child, \_\_\_\_\_, age \_\_\_\_\_.  
PRINT CHILDS NAME CLEARLY  
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: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Ride-Along Regulations**  
**Participant's Rights and Responsibilities**

1. Participants 13 years of age 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 completed before participating.
3. All applicants will have a backgrounds check conducted.
4. You must always use your seat belt.
5. Ride-Alongs are normally scheduled in 4-hour blocks. Minors are not allowed to ride past 10:00 pm. 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 and/or the on-duty supervisor. 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. On car stops, remain in the patrol vehicle unless otherwise instructed by the officer. If the officer allows, you may exit the vehicle and 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. All participants must furnish their own transportation to and from the police station.
14. No cameras, tape recorders, weapons, flashlights, etc., will be allowed.
15. It is recommended that participants eat prior to arriving at the station.
16. 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: \_\_\_\_\_