



ASTORIA POLICE DEPARTMENT

# Ride Along Application

DATE OF REQUEST:	TIME OF REQUEST:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	RECEIVED BY:
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## RIDE ALONG APPLICANT

NAME:		DATE OF BIRTH:	PHONE #:
RESIDENCE ADDRESS:			
OCCUPATION:		PLACE OF EMPLOYMENT:	
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT PHONE:	RELATIONSHIP TO APPLICANT:
EMERGENCY CONTACT ADDRESS:			
EMAIL ADDRESS:			DATE OF LAST RIDE ALONG (IF ANY):

## WHY WOULD YOU LIKE TO COME ON A RIDE ALONG?

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## PREFERRED DATE AND TIME FOR RIDE ALONG

WRITE DOWN FOUR PREFERRED DATES AND TIMES FOR YOUR RIDE ALONG

FIRST CHOICE – DATE AND TIME:	SECOND CHOICE – DATE AND TIME:
THIRD CHOICE – DATE AND TIME:	FOURTH CHOICE – DATE AND TIME:

SIGNATURE OF APPLICANT:	DATE:
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## FOR OFFICE USE ONLY

DATE AND TIME OF CHECK:	CHECK COMPLETED BY:	
CHECKS: <input type="checkbox"/> IN HOUSE <input type="checkbox"/> NCIC <input type="checkbox"/> CCH <input type="checkbox"/> DMV	NOTIFICATION MADE BY:	DATE NOTIFICATION MADE:
ASSIGNED DATE:	ASSIGNED TIME:	ASSIGNED OFFICER:
HOST OFFICER COMMENTS:		



ASTORIA POLICE DEPARTMENT

# Ride Along Application

NAME OF APPLICANT: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

APPROVED  
 DENIED

## RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of being permitted to ride in a vehicle owned and operated by the City of Astoria, to allow me an opportunity to observe operations and facilities of the Police Department, the undersigned hereby agrees to release and hold harmless the City of Astoria, its agents, employees, and officials harmless from any liability, expense or other obligation, in any way related to personal injury, death, loss of property or any other claim of damage sustained as a result of, or in any way related to, my being permitted to ride as an observer. This release and hold harmless agreement is intended to include any potential claims that could be made by me or by others including the gross negligence of the City of Astoria, its agents, employees and officials.

I understand that I will be a guest passenger in the vehicle in which I ride and have not offered any payment to the Police Department or its employees for the opportunity to ride along. I further understand that I may be summoned as a witness in any proceeding as a result of my observations.

This observation is for my personal benefit. At all times, I agree to obey all orders, instructions, and commands of the officer(s) of the Police Department. I fully realize and appreciate the basic nature of law enforcement and the possibility that situations may arise which might result in my exposure to danger of physical harm or injury, including traffic crashes, and I am willing to accept these risks. I further agree to keep confidential anything which I may observe or hear. I understand that my observation ride may be terminated at any time without any notice.

I authorize the 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.

I freely and voluntarily sign this Release and Hold Harmless Agreement in sole reliance of my own independent judgment.

\_\_\_\_\_  
SIGNATURE OF RIDER (REGARDLESS OF AGE)

\_\_\_\_\_  
DATE SIGNED

## PARENTAL CONSENT

I, the undersigned, have read and understand the reverse side of this form and, being the parent(s) or legal guardian of \_\_\_\_\_, a minor under the age of 18, ask that the Astoria Police Department grant permission for the above mentioned minor to ride on the date of \_\_\_\_/\_\_\_\_/\_\_\_\_, in an Astoria Police Department motor vehicle and observe law enforcement activity. I authorize the Astoria Police Department to conduct a police records check of the above mentioned minor. I realize and appreciate the nature of law enforcement work, and know that the minor might encounter violence, uncertainty, danger and criminality during a ride-along. I understand that the minor may encounter situation during the ride along that expose the minor to risk of death, physical harm or injury, including, but not limited to, motor vehicle accidents. I freely and voluntarily accept these risks.

I further understand that the minor will be a guest passenger in the Police vehicle in which he/she rides. I have not offered any payment to the Astoria Police Department or any of its employees for the opportunity for the above name minor to ride in a police vehicle and observe law enforcement activity.

In order that the minor may gain the educational benefits of riding-along, I further agree to hold the City of Astoria, members of the city government, the Astoria Police Department and its Chief, employees, agents and servants harmless for any and all liability to the above-named minor and to me for death, personal injury or property damage, whether proximate or remote, sustained while he/she rides-along and observes law enforcement activity.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
WITNESSED BY OFFICER

\_\_\_\_\_  
DPSST



ASTORIA POLICE DEPARTMENT

# Ride Along Application

NAME OF APPLICANT:

DATE OF REQUEST:

## RIDE ALONG PROGRAM

### ELIGIBILITY

The Department Ride Along Program is offered to residents, students, and those employed within the City of Astoria. The Ride Along Application form and the Hold Harmless Agreement must be filled out. A government photo ID must be submitted at the time the application is submitted.

Every attempt will be made to accommodate interested persons; however any application may be disqualified without cause. The following factors may be considered in disqualifying an applicant and are not limited to:

- BEING UNDER THE AGE OF 15 YEARS OLD
- PRIOR CRIMINAL HISTORY
- PENDING CRIMINAL ACTION
- PENDING LAWSUIT AGAINST THE ASTORIA POLICE DEPARTMENT
- DENIAL BY ANY SUPERVISOR
- APPLICATIONS THAT ARE NOT MADE AT LEAST 15 DAYS PRIOR TO REQUEST DATE

### RULES OF CONDUCT

A valid photo ID must be presented at time of ride along.

The use of cameras, recording devices, and cell phones are prohibited.

If an emergency should occur during the ride along, for your own safety, you must comply with any order or directive given to you by the officer(s).

No weapons or any other items prohibited by law, including self-defense sprays are allowed, while participating in the program.

Remain in the police vehicle unless an officer invites you to come out.

Be an observer only. Do not become involved verbally or physically unless the officer's safety is at risk or you are directed to do so. The City of Astoria will not be liable for a ride along's unauthorized interventions.

Suitable clothing must be worn for the ride along. Clothing that is not appropriate includes: flip flops, tank tops, shorts, t-shirts with logos, or ripped or torn jeans.

Ride along will be cancelled if applicant arrives more than 15 minutes late for scheduled appointment.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE ELIGIBILITY AND RULES OF CONDUCT FOR THE RIDE ALONG PROGRAM.

APPLICANT'S SIGNATURE:

DATE: