

PRESCOTT VALLEY POLICE DEPARTMENT

REQUEST FOR POLICE RIDE-ALONG

APPLICANT INFORMATION

(Please print all answers and fill out every line possible)

First, Middle, Last Name: _____

Address/City/State/Zip: _____ Home/Cell phone: _____ Work Phone: _____

Social Security Number: _____ Date of Birth: _____ Gender: _____

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Employer: _____ Employer's Address: _____

Emergency Contact Person One/Address/Phone/Relationship _____

Emergency Contact Person Two/Address/Phone/Relationship _____

PVPD will contact you after a background check has been completed. At this time, if the request is accepted, the scheduled time and date of the ride along will be established. Please indicate any preferences you may have regarding your ride along. Indicating preferences does not guarantee a ride along at the preferred time/day of the week.

Preferred Day(s) of the Week: _____ Preferred Time(s): _____ Preferred Officer (Optional) _____

Reason(s) you would like to go on a ride along: _____

Have you ever been on a ride along with the Prescott Valley Police Department? Yes _____ No _____

Are you related to an employee of the Prescott Valley Police Department? Yes _____ No _____

Do you have any needs that may require special consideration? Yes _____ No _____

If yes explain: _____

PARENT/GUARDIAN INFORMATION

(This section is to be completed and signed by the legal guardian if the applicant above is under 18 years of age)

First/Middle/Last Name: _____

Address/City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____ Date of Birth: _____

Guardian's Signature: _____ Date: _____

Note: All juvenile ride-alongs must be pre-approved by a PVPD Commander.

LEGAL NOTE - PLEASE READ BEFORE SIGNING

This form must be completed and returned to the Prescott Valley Police Department. It may take several weeks to process the form and do a background check. By signing this form, you are giving the Prescott Valley Police Department permission to complete a thorough criminal history check on you prior to the ride along. Completing this form does not guarantee the applicant a ride along. You will be contacted to inform you if your application has been approved or denied. During that contact, the time and date of the ride along will be established. In addition to this form, you may be required to complete additional paperwork at the time of the ride-along. Ride-along applicants will be given a safety briefing at the time of the ride-along. Any questions regarding ride-alongs or the application process should be directed to the Chief's Administrative Assistant during regular business hours at 772-5109.

Riders are expected to be physically able to handle themselves in the event of a serious incident. Please indicate in the special need consideration line any physical or mental condition that may prevent you from doing so.

***Applicant's Signature: _____ Date: _____

Prescott Valley Police Department

Ride-Along Waiver

- _____ The officer I have been assigned to ride with has given me a safety briefing and has given me an opportunity to ask questions that may clarify any requirements (to initial at time of ride-along).
- _____ I have voluntarily requested to ride as a passenger and observer in a Prescott Valley Police Department vehicle that will be operated by Law Enforcement personnel while performing official duties as a peace officer.
- _____ I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.
- _____ I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the safety of myself and/or the officer.
- _____ I understand that the equipment assigned to an officer and the vehicle in which I will be riding is for the purpose of aiding the officer in performing official duties and I will not touch, utilize, or adjust any of the equipment in the vehicle or on the officer.
- _____ I understand that failure to abide by the above requirements will result in immediate termination of the ride along and can prohibit me from being considered for any future ride-alongs.

WAIVER OF LIABILITY

Release of Claims against the Prescott Valley Police Department

For and in consideration of my being allowed to ride as a passenger and observer in a Prescott Valley Police Department vehicle for personal benefit, I do hereby release the Town of Prescott Valley, the Prescott Valley Police Department, its officials, employees, agents, and assigns, individually from any and all civil liability including, but not limited to actions in tort, contracts and civil rights. I do further grant a general release for myself, my heirs and executors and waive, remise, and forever release the Town of Prescott Valley and the Prescott Valley Police Department, its officials, employees, agents, and assigns from all claims which can or may ever be asserted as a result of injuries or damages, mental or physical, sustained by me while with the Prescott Valley Police Department or its officers, whether inside or outside the vehicle. I understand the terms of this waiver are contractual, legally binding, and are not merely informational.

Ride-Along's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

*** OFFICER - PLEASE FILL OUT INFORMATION BELOW ***

Ride-Along's Name: _____ Officer's Name: _____ # _____

Officer's ID Confirmed: Yes _____ No _____

Type of ID presented: Driver's License ID Card Military ID

Type of Ride-Along:

- CPA
 Officer Initiated
 Known to Officer
 Civilian Initiated
 Other _____

Date of Ride: _____
Time of Ride: _____

Internal Use:
Criminal History Local _____ National _____