

SACRAMENTO FIRE DEPARTMENT RIDE-ALONG PROGRAM APPLICATION

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

Last Name:	First Name:		Middle Int:	
Street Address:	City/State/Zip:			
Home Phone:	Cell Phone:	Cell Phone: Alt. Phone:		
Personal Email:		Date of Birth:	Gender:	
Social Security #:	Driver	s License Number:		
Occupation:	Employer/School:			
Purpose of Ride-Along:				
Dept. Referral:				
Do you have any physical limit	ations? □No □Yes:			
Describe:				
Have you participated in any o	ther Ride-Along program? [⊒No □Yes:		
Agency/Date:				
Preferred Date(s) and Time(s):				
Preferred Station(s) or Personi	nel:			
BACKGROUND AUTHORIZA	ATION			
hereby authorize any law enf and agencies of the State of which said agencies or any of Department in evaluating my and all information which said confidential. I understand that received from these agencies discharge, and agree to holfurnishing information from a	orcement agency, agencie California to release to the of them have about me, for eligibility for participation in d agencies or any of them I will not receive and am not a sand I further understance of harmless the agencies any and all liability of every, records and other information.	s of the government of a Sacramento Fire Depair or the limited purpose of the Ride-Along Program may have about me, not entitled to know the of that these reports are their agents and report nature and kind arising.	rt of the application process. In the United States of America, or transfer any and all information of aiding the Sacramento Fireman. This release extends to any whether public, personal, or contents of confidential reports privileged. I hereby release, resentatives and any personal out of the furnishing and shall be binding on my legal	
□I have read the Background	Authorization statement ar	nd agree to it in its entire	ty.	
SIGNATURE:		D.	ATE:	



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INDEMNITY AND HOLD HARMLESS AGREEMENT

Whereas the undersigned,					
□ an employee or	agent of the City	y of Sacramento,			
□ not a member, e	mployee or age	nt of the City of Sacramen	nto,		
time when such vehicle is	s operated and	staffed by members of	observer in a Fire Department vehicle at a the Sacramento Fire Department and has department during the active performance of		
Department, cooperating in vehicles and other facilities HEREBY DOES ASSUME damage or death, on behavoluntarily release, discharinjury, property damage of	n making availates for the afore and the ALL RISKS and the all of myself, rurge, waive and rurongful deathy participation in	able to the undersigned the said purpose, the undersising in the course of said my heirs, executors, admit relinquish any and all contagainst the City of Sacranthe ride-along. I understand	inicipal corporation, by and through its Fire the necessary personnel and the use of its resigned expressly agrees to and knowingly d activity, including personal injury, property ninistrators, and assigns, and does hereby claims and causes of action from personal ramento, its officers, employees and agents stand that any aspect of firefighting can be a ential damages.		
employees from and agair or property including any s including any such claim, and employees, or acts of the City, its officers, agent injury to the person or p misfeasance or malfeasan	nst any and all ouch claim, loss, loss, damage a fothers. The usernoperty of ano ce occurring when the control of the control	claims, loss, damage and damage and liability for in and liability caused by the undersigned also specificates from and against any abother or others, directly chile riding as a guest or ob-	d harmless the City, its officers, agents and liability for injury to the undersigned person or property, a negligence of the City, its agents, officers, ally agrees to indemnify and hold harmless and all claims, loss, damage and liability for or indirectly caused by the undersigned's bserver in any Sacramento Fire Department of the active performance of his or her official		
	nce of it. I agree	that no oral representation	f Liability and Indemnity Agreement" and ons, statements, or inducements have been		
SIGNATURE:			DATE:		
	FO	R DEPARTMENTAL USE O	DNLY		
Background Check:	□Cleared	Investigator:	Date		
Request:	□Approved	Ву:	Date		
Date/Time Observer To Rid	e:		Assigned To:		
Date Observer Contacted/C	onfirmed:	Date Offi	ficer Contacted/Confirmed:		
SECTION III, Subject 1, SOG 1.	23	D 0 / 0	F-33 Revised: 03/05/2013		