

# SACRAMENTO POLICE DEPARTMENT RIDE ALONG/ SIT ALONG PROGRAM APPLICATION

**PLEASE COMPLETE ALL PERTINENT SECTIONS AND SUBMIT APPLICATION TO THE APPROPRIATE PROGRAM COORDINATOR.**

**DISPATCH SIT ALONG REQUEST**  
 Sacramento Police Communications Center  
**Attn: Academy Staff**  
**7397 San Joaquin Street**  
**Sacramento, CA 95820**  
**(916) 808-1829 (FAX)**

**RIDE ALONG REQUEST**  
 Sacramento Police Department  
**Attn: Volunteer Program**  
**5770 Freepoint Blvd, Suite 100**  
**Sacramento, CA 95822-3516**

PRINT NAME (LAST, FIRST, MIDDLE) (MAIDEN)			SOCIAL SECURITY NUMBER			DATE	
STREET ADDRESS			CITY STATE ZIP CODE		CONTACT PHONE #		
DRIVERS LICENSE NUMBER			SEX	RACE	AGE	DATE OF BIRTH	HT WT HAIR EYES
E-MAIL ADDRESS							
OCCUPATION			NAME OF EMPLOYER/SCHOOL			BUSINESS PHONE	
DO YOU HAVE ANY PAST ARRESTS OR PENDING COURT CASES? <input type="checkbox"/> NO <input type="checkbox"/> YES LIST DATE, AGENCY, CHARGE, AND DISPOSITION. ATTACH ADDITIONAL SHEETS IF NECESSARY.							
WHY DO YOU WANT TO PARTICIPATE ON A RIDE ALONG/ SIT ALONG? WHO RECOMMENDED THAT YOU PARTICIPATE? (EXAMPLE: POLICE OFFICER, SCHOOL INSTRUCTOR, SELF, ETC.)							
DO YOU HAVE ANY PHYSICAL LIMITATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES HIGH BLOOD PRESSURE      HEART CONDITION      NERVOUS OR MENTAL CONDITION      OTHER (LIST)							
LIST PREVIOUS PARTICIPATION IN ANY RIDE ALONG/SIT ALONG PROGRAM. INCLUDE THE AGENCY AND DATE PARTICIPATED.							
REQUESTED DAY / SHIFT OF PARTICIPATION. CHECK AS MANY AS PRACTICAL.							
SHIFT	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
GRAVEYARD							
DAY							
SWING / MID							

### BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of California to release to the Sacramento Police Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Sacramento Police Department in evaluating my eligibility for participation in the Ride Along/ Sit Along Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

### READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR EXPLORER CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS WHO WISH TO PARTICIPATE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**\*\*\*\*BE SURE TO FILL OUT BOTH SIDES\*\*\*\***

FOR DEPARTMENTAL USE ONLY

DATE/TIME TO PARTICIPATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_  
 SPD 579 (REV 06/15)

OFFICER(S): \_\_\_\_\_  
 DISPATCHER: \_\_\_\_\_

# INDEMNITY AND HOLD HARMLESS AGREEMENT

Whereas the undersigned

- being an employee or agent of the City of Sacramento
- not being a member, employee or agent of the Sacramento Police Department or the City of Sacramento

has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and staffed by members of the Sacramento Police Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their official duties as Police Officers.

Now, therefore, in consideration of the City of Sacramento, a Municipal corporation, by and through its Police Department, cooperating in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISKS arising in the course of said activity, including personal injury, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the City of Sacramento, its officers, employees and agents, which may occur during my participation in the ride-along. I understand that any aspect of police work can be a dangerous activity, and I agree to participate with knowledge of the damages.

The undersigned specifically agrees to defend, indemnify and hold harmless the City, its officers, agents and employees, from and against any and all claims, loss, damage and liability for injury to the undersigned person or property, including any such claim, loss, damage and liability caused by the negligence of the City, its agents, officers, and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless the City, its officers, agents and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a guest or observer in any Sacramento Police Department vehicle or while accompanying a member of said department during the active performance of his or her official duties as a peace officer.

## READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

I have read and voluntarily signed this "Release and Waiver of Liability and Indemnity Agreement" and acknowledge the significance of it. I agree that no oral representations, statements or inducements have been made to me which are not set forth in this Agreement.

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE EXPLORER CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS.

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

### FOR POLICE DEPARTMENT USE ONLY

<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED (With Captain Approval Only)</b>	WATCH COMMANDER:	DATE:
	SUPERVISING DISPATCHER:	DATE:
<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b>	DIVISION CAPTAIN:	DATE:
<b>COMMENTS:</b>		

	YES	NO
DL OK		
CITY CLEAR		
WARRANT CLEAR		
CRIMINAL HISTORY CLEAR		
PAST RIDE CLEAR		
COUNTY CLEAR		

CHECKS COMPETED BY:
BADGE NUMBER:
DATE: