Cloverdale Police Department

Sean Jones, Chief of Police

112 Broad Street • Cloverdale, CA 95425 • Phone: (707) 894-2150 • Fax: (707) 894-5203

RIDE ALONG APPLICATION – ADULT RIDER

First, Middle and Last Name of Applicant	Today's Date	Your Contact Phone Number
If you are employed with a law enforcement agency, please add the department name here		Your Alternate Phone Number
Your Physical Address (no PO Box please)	City	Zip Code

Your Driver's License or Passport Number	Your Date of Birth	Your Age	Are you a Cloverdale Police Department Job Applicant? ☐ No ☐ Yes What position? _____
Why do you want to ride along with a police officer?			Are you a Cloverdale Police Cadet Applicant? ☐ No ☐ Yes

Have you ever been arrested? ☐ No ☐ Yes If yes, please provide details

Date arrested _____ What city/county _____ Are you on probation? ☐ No ☐ Yes If yes, what County _____

Are you involved in a criminal court matter at this time? ☐ No ☐ Yes If yes, please provide details

What county? _____ Why are you involved? _____

GENERAL AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the City of Cloverdale to participate in a ride along with an officer, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, the City of Cloverdale, its officers, employees, and agents from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said city or its officers, employees or agents.

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that the participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risk involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above city, it officers, employees and agents who through negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above city, its officers, employees and agents free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS GENERAL AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, THE CITY OF CLOVERDALE, AND THE CLOVERDALE POLICE DEPARTMENT AND I SIGN IT OF MY OWN FREE WILL.

BY SIGNING I ALSO UNDERSTAND AND AGREE THE CLOVERDALE POLICE DEPARTMENT MAY ACCESS MY CRIMINAL HISTORY TO DETERMINE ELIBILITY.

Printed Name _____ **Signature** _____ **Date Signed** _____

Your requested date(s) and time(s) for ride along:

Date: _____ Time: _____ **OR** Date: _____ Time: _____

DO NOT WRITE BELOW THIS LINE – FOR USE BY RECORDS DEPARTMENT

Request Received Via	Date of Receipt	Received By	Processed By	Incident #
☐ In Person ☐ Mail ☐ Fax ☐ Other				Scan then attach the application to the above incident.

10-28 Attached	10-29 / CJIS Clear	RIMS History Attached	Criminal History
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes – attached ☐ No History ☐ Not Run

FOR USE BY PATROL SERGEANT

Date Approved	Sgt Initals / ID #	Name of Officer Assigned	Date Ride Scheduled	Time Ride Scheduled
		Date Officer Advised: _____		Start: _____ Finish: _____