La Porte Police Department
La Porte, TX

Application for participation in "Ride-along" Program

INSTRUCTIONS:
Fill in the information requested below and return to the Assistant Chief of Police at least five (5) days prior to the anticipated date of participation. **ALL** blanks **MUST BE COMPLETED** and **LEGIBLE**.

Full Name (Last, First, MI)	**Sex** ☐ **Male** ☐ **Female**	**Date of Birth (MMDDYY)**
Driver's License #	**SSN#**	

Home Address	**Home Phone #**
Occupation & Location	**Position (if student, MAJOR)**
Civic Group Represented	**Work Phone #**
What is your interest in participating in this program?	
Date/Shift your request to ride along:	**Officer Name (If preference desired)**
Have you EVER been arrested?	**If yes, list offense(s), date(s), disposition(s), city, state**
Do you have a physical impairment or restrictive medical condition? If yes, describe	
How did you become aware of this program?	

I understand and I agree that I will be occupying the position of a silent observer during the "ride-along". **I understand and agree that I have no police authority and I will take no actions which in anyway would compromise my safety, the safety of any La Porte Police Officer or the safety of any other citizen**. I will comply with all directions or instructions given to me by any La Porte Police Officer. Any information I receive or matters which I observe during the course of my "ride-along" is considered confidential and will not be released to any party without the prior express consent of the Chief of Police. I understand and agree that I may be called as a witness in court proceedings which may relate to matters I observed or heard during the "ride-along" and I will cooperate with the La Porte Police Department and the Harris County District Attorney's office as requested.

I understand that I may be called upon to assist a La Porte Police Officer and if a request is made I will follow the officers directions or instructions.

The information that I have furnished on this form relative to my application to participate in the "ride-along" program is true and correct to the best of my knowledge.

Thank you for the interest you have expressed in the La Porte Police Department and for your support of law enforcement.

Applicant's Signature:_____

CONTINUED ON BACK ⟶

For Department Use Only

Assistant Chief of Police

Approved ☐ **Yes**
☐ **No If no, state reason**_____

Date of Participation / / **Shift Assigned** _____

Signature of Assigning Officer_____

Comments_____

_____

Shift Supervisor

_____ **participated in program. Rode with Officer** _____ **on** _____ **from** _____ **to**_____**.**

☐ **Failed to Appear** ☐ **Refused to allow applicant to ride**

(explain:_____**)**

☐ **Terminated applicants ride before scheduled time**

(explain:_____**)**

APPLICATION TO PARTICPATE IN THE LA PORTE POLICE DEPARTMENT "RIDE-ALONG" PROGRAM, CONVENANT NOT TO SUE AND TO INDEMNIFY, ASSUMPTION OF RISK

My name is _____, and I reside at
Print Complete Name

_____
Address City State Zip

and my date of birth is _____. I request that I be allowed to participate in the La Porte Police Department "ride-along" program. Representatives of the La Porte Police Department have described and explained to me the "ride-along" program and my responsibilities if I choose to participate in the program. I have no questions regarding the program and fully and completely understand my responsibilities and the restrictions that have been placed on me relative to my participation in the program. I am aware of the hazards and dangers associated with the law enforcement profession and understand that I may be exposed to certain hazards or dangers by my participation in the "ride-along' program.

Having a full understanding of the "ride-along" program and the risks associated with my participation in the program, I hereby request that I be allowed to participate in the program. **In consideration for the opportunity of participating in the "ride-along" program, I do hereby assume all risks of injury to my person arising out of, or in anyway incidental to the "ride-along" program; and that I, the undersigned, for this consideration do hereby covenant (promise) not to sue or bring any legal or equitable action in any court against the City of La Porte, its officers, agents, and/or employees. Additionally, in consideration of my being allowed to participate in the "ride-along" program, I hereby agree to indemnify the City of La Porte it's officers, agents, and/or employees from and against any and all claims, demands, causes of action or lawsuits which may be brought against the City of La Porte, its agents,, officers, and/or employees arising out of my participation in the "ride-along" program. This expressly includes negligence on the part of the City of La Porte, its agents, officers, and/or employees.**

I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS SET OUT HEREIN.

SIGNED AND AGREED TO THIS _____ DAY OF _____, 20_____.

_____
Applicants Signature

Sworn to and subscribed before me, the undersigned authority, this _____ day of

_____, 20_____.

_____

APPLICATION TO PARTICPATE IN THE LA PORTE POLICE DEPARTMENT "RIDE-ALONG" PROGRAM, CONVENANT NOT TO SUE AND TO INDEMNIFY, ASSUMPTION OF RISK

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I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS SET OUT HEREIN.

_____
Applicant's Signature

In consideration for allowing our child to participate in the "ride-along" program, I/we individually, and as the parent(s) or guardian(s) and the above named minor child, in consideration for the child's being allowed to participate in the La Porte Police Department "ride-along" program do hereby covenant (promise) not to sue or bring any legal or equitable action in any court against the City of La Porte, its officers, agents, and/or employees. Additionally, in consideration for allowing our child to participate in the "ride-along" program, I/we hereby agree to indemnify the City of La Porte it's officers, agents, and/or employees from and against any and all claims, demands, causes of action or lawsuits which may be brought against the City of La Porte, its agents, officers, and/or employees, arising from our child's participation in the La Porte Police Department "ride-along" program. This expressly includes negligence on the part of the City of La Porte, its agents, officers, and/or employees.

I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS SET OUT HEREIN.

SIGNED AND AGREED TO THIS _____ DAY OF _____, 20_____.

Parent(s)/or Legal Guardian(s) of:_____
(Full Name of Minor Child)

_____
Signature of Parent/Guardian

Sworn to and subscribed before me, the undersigned authority, this _____ day of

_____, 20_____.

_____