



RIDE-ALONG APPLICATION

Arroyo Grande Police Department

Name

Address

City State Zip Code

Phone Number email

DOB DL # SS # Hgt Wgt Hair Eyes

Time Preference 2:00 p.m. - 6:00 p.m. 7:00 p.m. - 11:00 p.m.

Day of Week Preference Friday Saturday Sunday

AUTHORIZATION FOR CRIMINAL HISTORY CHECK, RELEASE OF LIABILITY AND COVENANT NOT TO SUE AND EXPRESS ASSUMPTION OF RISK

In making this application I certify that I am aware that the work of the Arroyo Grande Police Department is inherently dangerous due to the nature of police work and that by accompanying a member(s) of the Police Department during a performance of their official duties I may be subjected to the risk of death, disability, other personal injury to myself or damage to my property caused by any negligence of the City of Arroyo Grande, the Police Department, its officers, and other employees, or caused by the conduct of third parties. I hereby release the City of Arroyo Grande, its employees, the Arroyo Grande Police Department, its officers and other employees of all liability, covenant not to sue any or all of the foregoing and expressly assume the risk for my death, disability, or other personal injury to myself, damage to my property, loss or expense suffered by me caused by the negligence of the City of Arroyo Grande, the Arroyo Grande Police Department, its officers and other employees while participating in the Police Department ride-Along Program. This Release of Liability and Express Assumption Risk is binding upon my heirs, legatees, and devisees. I understand that I will not be allowed to participate in the Ride-Along Program unless I sign this Release of Liability, covenant not to sue and Express Assumption of Risk form.

I understand that as an applicant for a Ride-Along with the Arroyo Grande Police Department, I am required to have a criminal history check before I can participate in the program. I authorize the Arroyo Grande Police Department to conduct a criminal history check and to release to concerned officers and employees of th Arroyo Grande Police Department any and all information you may have concerning me, including information of a confidential or privileged nature.

I have read and understand the Rules and Regulation listed on page 2 and agree to comply with them.

Signature Date

If under 18 Parent/Guardian printed name and signature.

Printed Name

Signature Date

AGPD USE ONLY

Records Check Completed By Date

Approved No Criminal Record Criminal Record Attached

Denied

Ride-Along Coordinator Date

Ride-Along Scheduled For Assigned To

Date Officer

Time Watch Commander

Denial Notification By Date