

PRESCOTT VALLEY POLICE DEPARTMENT REQUEST FOR POLICE RIDE-ALONG

APPLICANT INFORMATION

(Please print all answers and fill out every line possible)

First, Middle, Last Name: _____

Address/City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security Number: _____ Date of Birth: _____ Gender: _____

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Employer: _____ Employer's Address: _____

Emergency Contact Person One/Address/Phone/Relationship _____

Emergency Contact Person Two/Address/Phone/Relationship _____

PVPD will contact you after a background check has been completed. At this time, if the request is accepted, the scheduled time and date of the ride-along will be established. Please indicate any preferences you may have regarding your ride-along. Indicating preferences does not guarantee a ride-along at the preferred time/day of the week.

Preferred Day(s) of the Week: _____ Preferred Time(s): _____ Preferred Officer (Optional) _____

Reason(s) you would like to go on a ride-along: _____

Have you ever been on a ride-along this year with the Prescott Valley Police Department? Yes _____ No _____ How many? _____

Are you related to an employee of the Prescott Valley Police Department? Yes _____ No _____

Do you have any existing claims or litigation pending against the Town of Prescott Valley? Yes _____ No _____

If yes explain: _____

Do you have any needs that may require special consideration? Yes _____ No _____

If yes explain: _____

PARENT/GUARDIAN INFORMATION

(This section is to be completed and signed by the legal guardian if the applicant above is under 18 years of age)

First/Middle/Last Name: _____

Address/City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Date of Birth: _____

Guardian's Signature: _____ Date: _____

LEGAL NOTE - PLEASE READ BEFORE SIGNING

This form must be completed and returned to the Prescott Valley Police Department. It may take several weeks to process the form and do a background check. By signing this form, you are giving the Prescott Valley Police Department permission to complete a thorough criminal history check on you prior to the ride along. Completing this form does not guarantee the applicant a ride-along. You will be contacted to inform you if your application has been approved or denied. During that contact, the time and date of the ride-along will be established. In addition to this form, you may be required to complete additional paperwork at the time of the ride-along. Ride-along applicants will be given a safety briefing at the time of the ride-along. Any questions regarding ride-alongs or the application process should be directed to the Chief's Administrative Supervisor during regular business hours at 772-5162.

Riders are expected to be physically able to handle themselves in the event of a serious incident. Please indicate in the special need consideration line any physical or mental condition that may prevent you from doing so.

Initial please:

_____ I acknowledge receipt of the Ride-Along Instructional Guidelines & Information Sheet

_____ I consent to a records check

Applicant's Signature: _____ Date: _____

Prescott Valley Police Department Ride-Along Waiver

- _____ The officer I have been assigned to ride with has given me a safety briefing, with required safety equipment and has given me an opportunity to ask questions that may clarify any requirements (to initial at time of ride-along).
- _____ I have voluntarily requested to ride as a passenger and observer in a Prescott Valley Police Department vehicle that will be operated by Law Enforcement personnel while performing official duties as a peace officer.
- _____ I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.
- _____ I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the safety of myself and/or the officer unless instructed to do so by the officer I am riding with.
- _____ I understand that the equipment assigned to an officer and the vehicle in which I will be riding is for the purpose of aiding the officer in performing official duties and I will not touch, utilize, or adjust any of the equipment in the vehicle or on the officer.
- _____ I understand that I may be asked to complete a written or recorded statement of any criminal activities I may have witnessed/observed while on the ride-along, and may be requested at a later date to testify in court to any criminal activity I may have witnessed or observed while on the ride-along.
- _____ I understand that failure to abide by the above requirements will result in immediate termination of the ride-along and can prohibit me from being considered for any future ride-alongs.

WAIVER OF LIABILITY Release of Claims against the Prescott Valley Police Department

For and in consideration of my being allowed to ride as a passenger and observer in a Prescott Valley Police Department vehicle for personal benefit, I do hereby release the Town of Prescott Valley, the Prescott Valley Police Department, its officials, employees, agents, and assigns, individually from any and all civil liability including, but not limited to actions in tort, contracts and civil rights. I do further grant a general release for myself, my heirs and executors and waive, remise, and forever release the Town of Prescott Valley and the Prescott Valley Police Department, its officials, employees, agents, and assigns from all claims which can or may ever be asserted as a result of injuries or damages, mental or physical, sustained by me while with the Prescott Valley Police Department or its officers, whether inside or outside the vehicle. I understand the terms of this waiver are contractual, legally binding, and are not mere recital.

***Ride-Along Signature:** _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

*** OFFICER - PLEASE FILL OUT INFORMATION BELOW ***

Ride-Along Name: _____ Officer's Name: _____ Badge # _____
 Rider's ID Confirmed: Yes _____ No _____

Type of ID presented: Driver's License ID Card Military ID

INTERNAL ROUTING		Comments:
Approved	Denied	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All dept. must approve: Signature/ initials:		-
Background Investigator _____		
Division Commander: _____		
Shift Supervisor: _____		
Administrative Supv. (Log & File)		Initials: _____

RIDE-ALONG INSTRUCTIONAL GUIDELINES & INFORMATION SHEET

DRESSING FOR THE RIDE

- _____ Ride-Along passengers will be required to wear a bullet-resistant vest
- _____ All Ride-Along passengers are required to dress in appropriate attire consisting of walking or running shoes (no high heels, flip-flops or open-toed footwear), a blouse or shirt that covers the upper torso (no midriff tops) and a loose fitting over shirt, hooded sweatshirt or shirt that will conceal the bullet resistant vest.
- _____ Any passenger not deemed to be dressed appropriately for the ride may be turned down at the discretion of the officer.

GUNS AND WEAPONS PROHIBITED

- _____ Ride-Along passengers are prohibited from carrying weapons on their persons or stored in the police vehicle during their entry into the Police Department building and during the Ride-Along.

CELL PHONES, CAMERAS AND RECORDING DEVICES

- _____ Due to the sensitive and confidential information of the citizenry that might come up during the time of the Ride-Along cameras, video cameras, camera phones and recording devices are strictly prohibited.
- _____ The use of cell phones will also be restricted during the ride for both calling and texting.

CONFIDENTIAL INFORMATION

- _____ Due to the sensitive information that may be displayed on screen or broadcasted over the radio, all Ride-Along passengers are restricted from specifically viewing or reading MDC screens or computers within the vehicle or at the Police Department in general. Any information overheard either in preparation of the ride or during the Ride-Along is deemed confidential and shall not be repeated or recorded for any purpose by the passenger.

PURSUIT OR CHASE SCENARIOS

- _____ As part of the Prescott Valley Police Department's Ride-Along Policy, patrol officers may not participate in pursuits of vehicles or suspects while a Ride-Along passenger is present. If such a call should occur, the officer will make arrangements to have the passenger either dropped off at the Police Department or transported by another authorized agent of the Prescott Valley Police Department to ensure the safety of the passenger.

WAIVER OF LIABILITY & REPORTING ANY PRIORS

- _____ All Ride-Along passengers are required to sign and acknowledge the Ride-Along Waiver and the Waiver of Liability.
- _____ All Ride-Along passengers are required to sign a release authorizing the Prescott Valley Police Department to conduct a background check on their persons. Passengers are required to list any pending claims or litigation against the Town of Prescott and/or the Prescott Valley Police Department for the past five years.

Print Name

Sign Name/Date