THANK YOU FOR YOUR INTEREST IN THE CERES POLICE DEPARTMENT'S RIDE-ALONG PROGRAM

The Ceres Police Department's ride along program is designed to offer citizens a "behind the scenes" look into the Department. The purpose is to provide citizens and interested persons an opportunity to observe daily police patrol activities and to provide an overall view of police officers' duties. It is our hope that the insight into the line operation of the Department will be both informative and enjoyable and further promote positive citizen contacts. We want you to be fully aware of the conditions and circumstances under which this program operates.

In order to protect the safety of our citizens and police officers:

- A copy of your photo ID must be submitted with your completed ride-along application
- All ride-along applicants will undergo a background check
- The following items are *prohibited* during all ride-alongs:
  - ✓ NO backpacks
  - ✓ NO packages
  - ✓ NO oversized purses
  - ✓ NO cellular phones
  - ✓ NO weapons

Thank You,

Art de Werk
Chief of Police

CERES POLICE DEPARTMENT
RIDE-ALONG REQUEST APPLICATION

☐ Citizen ☐ CPD Job Applicant (position) _____
☐ CPD Employee (Section) _____ ☐ Other _____

First, Middle, Last Name: _____

Address/City/State/Zip/Phone #: _____

Date of Birth: _____ Driver's License# _____ State: ____ Gender: _____

Employer: (If student list school and grade): _____

E-Mail Address (For scheduling ride along): _____@_____

Emergency Contact Person Address/Phone/Relationship _____

The reason I, _____ wish to participate in the Ceres Police citizen ride-along program is because:

_____

_____

_____

Have you ever been on a ride along with the Ceres Police Department? YES_____NO_____ If yes, when?_____

Are you related to an employee of the Ceres Police Department? YES_____NO_____ If yes, who? _____

If you are a "non-resident" have you requested a ride-along with the agency in the city you reside? _____

If you wish to ride with a specific officer or on a specific date, complete the following information:

_____ _____
Officer's Name Date

PARENT OR GUARDIAN WAIVER

(If applicant is under 18)

I, the undersigned, am the parent or legal guardian of the minor participant and request that my child be allowed to participate in the Ride-Along Program. I have carefully read the waiver and indemnification agreement, know and understand its contents, and sign it voluntarily intending that it be binding upon the minor participant and myself, and our heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns. I expressly assume the duties, liabilities, and terms and conditions contained herein.

FATHER _____ Address _____ Phone _____
(Signature)

MOTHER _____ Address _____ Phone _____
(Signature)

GUARDIAN _____ Address _____ Phone _____
(Signature)

WITNESS _____
(Police Department Employee)

CERES POLICE RIDE-ALONG LIABILITY WAIVER

I request the privilege of riding along with and accompanying one or more police officers of the Ceres Police Department on his/her daily duties. In consideration of being allowed to participate in the Ride-Along Program, I state and agree to the following:

I understand that I will be assigned to ride with one or more police officers who will attend to his/her normal duties and will respond to all calls for service. I am aware that a police officer can be and often is assigned duties which involve physical danger and serious risk of harm. I understand that by accompanying members of the Ceres Police Department, there is a high probability that I will be exposed to hazardous situations inherent in police work where I may be at risk for serious or even fatal injury, including, but not limited to, high speed vehicle operations, accidents, arrests, the use of dangerous weapons, assaults, riots, breaches of the peace, unlawful acts or forcible resistance by law violators or suspected law violators, defective condition of equipment or facilities, and the negligence of other people, including, but not limited to, other participants, volunteers, officers and citizens, and I further understand that the police officer will not avoid or disregard his/her duties which involve such risks or dangers simply because I am accompanying him/her.

Knowing the risks involved, I hereby assume any and all risks of injury, death or property damage arising out of or in any way connected with my participation in said Ride-Along Program, and understand that I am responsible for my own safety. On behalf of myself, my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns, I waive, release, and discharge in advance the City and its officers, officials, employees, contractors, agents and volunteers ("City personnel") from and against all liability arising out of or connected in any way with my participation in the Ride-Along Program, whether caused by the negligence or other legal fault of the City or City personnel, or the care, maintenance, or use of any facility, vehicle, or other equipment used in the performance of the police officer's duties. In further consideration of my being allowed to participate in the Ride-Along Program, I agree to indemnify and hold harmless the City and all City personnel from any loss, liability, damage, cost or expense they might incur from my participation, including litigation costs or expenses.

I understand and agree that this waiver and indemnification agreement is intended to be as broad and inclusive as permitted by law and that if any portion of this waiver and indemnification agreement is invalid, the balance shall continue in full force and effect.

I HAVE CAREFULLY READ THIS WAIVER AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER OF LIABILITY AND A CONTRACT BETWEEN ME AND THE CITY OF CERES. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS WAIVER AGREEMENT OF MY OWN FREE WILL.

Dated this _____ day of _____, 200__, at Ceres, California.

_____ (Signature of Applicant)

_____ (Signature of Parent/Guardian if applicant is under the age of 18)

Ride-Along Rules and Procedures

1. Citizens 15 years of age and older have the opportunity to participate in the Ride-Along Program. If you are less than 18 years of age, you must have consent of a parent or legal guardian. Applicants will be selected on a first-come, first-served basis.
2. Applicants must apply for the ride-along at least five (5) days prior to the desired date of participation. Exception to this five day period may be granted at the discretion of a Division Commander or Shift Supervisor.
3. The Indemnification and Waiver of Liability and Medical Release forms must be completed and these Ride-Along rules and procedures must be read and signed by all applicants before participating.
4. All applicants requesting to participate in the Ride-Along Program are subject to approval by the Shift Supervisor, prior to participation.
5. Each applicant will be allowed to participate once within a six-month period. Exceptions may be made by a Division Commander or Shift Supervisor on a case by case basis. Separate and approved applications will be required for each ride-along.
7. A ride-along will normally be for four hours. Ride-alongs will be scheduled Monday-Sunday (excluding training days) 8:00 a.m. to 12:00 noon, 2:00 p.m. to 6:00 p.m., 5:00 p.m. to 9:00 p.m., and from 7:00 p.m. to 11:00 p.m. Minors will not ride past 10:00 p.m.
8. You must report to the Police Department thirty minutes prior to going on the ride-along. This will assure that you will be ready to go on tour when the assigned officer leaves the station. You must provide your transportation to and from the Police Department.
9. You should eat before going on the ride-along.
10. Because you will be exposed to the public, you must be neat and clean in appearance and behave appropriately. While in the patrol unit, you are in effect part of the Police Department and the Department must be at its best. No shorts or tank tops. No open-toed shoes. No backpacks, large purses, or packages. No baseball caps or caps with emblems.
11. You are not allowed to have in your possession weapons of any type, including, but not limited to, mace/pepper spray, batons or clubs, stun guns, guns or ammunition, knives, etc. You are not allowed to possess handcuffs, flashlights, radios, scanners, cameras, video or audio recording devices of any type, including cellular phones, or anything which may be prohibited by the on-duty Shift Supervisor at the time of your ride-along. The on duty Shift Supervisor made allow exceptions for certain individuals such as readily identified off-duty police officers.
12. You will not be allowed on the ride-along if you have consumed any alcoholic beverage or drug, or while under the influence of any alcoholic beverage or drug, or if the odor of any alcoholic beverage emits from your breath or person.
13. When you cannot report for your ride-along at the assigned time and date, you must notify the Police Department. Failure to cancel prior to your ride-along shall result in a loss of ride-along privileges for six (6) months.
14. During the ride-along you may be exposed to confidential information, including, but not limited to, special police tactics, information concerning juveniles or other suspects, criminal history information, and other information of a confidential or privileged nature. You agree that you will not disclose such information to any person.
15. During the ride-along you agree not to become involved in any investigation by involving yourself in handling evidence, discussion with or interrogation of victim(s) or suspect(s), or handling of police equipment.
16. Unless the assigned officer is in the middle of a call, you may at any time request to be returned to the station to conclude the ride along.
17. For safety purposes, you agree to remain under the supervision and control of the assigned officer at all times.
18. When there is danger of injury, the assigned officer may, at his/her discretion, discharge you from the patrol unit in a well lighted, safe location. When the assigned officer needs to place you out of the unit for any reason, you shall remain at the location until picked up by another officer or the original assigned officer.
19. When you are in an emergency situation, you must immediately and without question comply with all orders or directions given to you by the assigned officer.
20. Your participation in the ride-along program may be terminated at any time prior to or during the ride-along at the discretion of the assigned officer, Division Commander or Shift Supervisor. (Example: If you are unruly, fail to obey instructions, or distract the assigned officer from his/her duties).

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE RIDE-ALONG RULES AND PROCEDURES, AND I AGREE TO ABIDE BY THEM.

_____ Date _____

(Signature of Applicant)

RIDE-ALONG RELEASE/CONSENT TO MEDICAL TREATMENT

I, the undersigned, represent, understand and agree that:

1. I certify that I am in good health and am physically fit for participation in the Ride-Along Program, and have not been advised otherwise by a qualified medical person.

2. I hereby consent to receive such emergency, medical and/or hospital treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Ride-Along Program.

3. I realize and appreciate that there is a possibility of complication and unforeseen consequences in any emergency, medical and/or hospital treatment, and knowing the risks involved, I hereby assume any and all such risks. Further, I acknowledge that no warranty is being made by the City and its officers, officials, employees, contractors, agents and volunteers ("City personnel") as to the results of any such treatment.

4. On behalf of myself, my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns, I waive, release, and discharge in advance the City and all City personnel from and against all liability arising out of or connected in any way with the rendering of emergency, medical and/or hospital treatment as a result of my participation in the Ride-Along Program, whether caused by the negligence or other legal fault of the City or City personnel.

5. I agree to indemnify and hold harmless the City and all City personnel from any loss, liability, damage, cost or expense they might incur, including litigation, as a result of the rendering of emergency, medical and/or hospital treatment to myself arising from my participation in the Ride- Along Program.

6. I understand that the City provides no medical insurance for treatment of injury, accident or illness and that any cost of treatment will be at my expense.

I understand and agree that this release and consent to medical treatment is intended to be as broad and inclusive as permitted by law and that if any portion of this release and consent to medical treatment is invalid, the balance shall continue in full force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND CONSENT TO MEDICAL TREATMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE CITY OF CERES. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS RELEASE AND CONSENT TO MEDICAL TREATMENT OF MY OWN FREE WILL.

_____ Date _____

(Signature of Applicant)

_____ Date _____

(Parent or legal guardian if applicant is under the age of 18)

LEGAL NOTE - PLEASE READ BEFORE SIGNING

This form must be completed and returned to the Ceres Police Department. It takes at least one week to process the form and do a background check. By signing the form, you are giving the Ceres 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 the contact, the time and date of the ride-along will be established. 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 Ceres Police Patrol Watch Commander during regular business hours Mon-Fri 8am-5pm at 538-5706.

Riders are expected to be physically able to handle themselves in the event of a critical incident. Please indicate on the line below if you have a physical or mental condition that may prevent you from doing so.

_____

***Applicant's Signature_____ Date_____

OFFICIAL USE ONLY

Type of ID Presented: Driver's License___ Military ID___ ID Card___ Other_____

Name of Employee Accepting Application:_____ Date_____

DATE / TIME / OFFICER ASSIGNED:

_____

OFFICER AND SUPERVISOR NOTIFIED BY/VIA:

_____

BACKGROUND CHECK COMPLETED BY: _____ ID#_____ DATE:_____

CAD#_____

Comments:_____

_____

_____

_____

_____

Application and waiver can be mailed to: Ceres Police Department, 2727 Third St. Ceres, Ca. 95307