



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

The Ceres Police Department's ride-along/sit-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/dispatch activities and to provide an overall view of police officer's/ dispatcher's 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 application
- All applicants **WILL** undergo a background check
- The following items are **PROHIBITED** during all ride-along/sit-alongs:
 - NO backpacks
 - NO packages
 - NO oversized purses
 - NO cellular phones
 - NO weapons

Thank you,
Rick Collins, Chief of Police

Citizen
 CPD Employee
 CPD Job Applicant
 Other _____

First, Middle, Last: _____

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): _____@_____

Emergency Contact Person/Address/Phone/Relationship: _____

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

Have you ever been on a ride-along/sit-along with the Ceres Police Dept? Yes No If yes, when? _____

Have you ever been arrested or convicted of a crime? Yes No If yes, please explain _____

Are you related to an employee of the Ceres Police Department? Yes No If yes, who? _____

If you are "non-resident," have you requested a ride-along/sit-along with the agency in the city you reside? Yes No

If you wish to ride/sit with a specific officer/dispatcher on a specific date, who/when? _____

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/Sit-Along Program. I have carefully read the waiver and identification 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, guardians, conservators, executors, administrators, trustees and assigns. I expressly assume the duties, liabilities, and terms and conditions contained herein.

Guardian Signature: _____ Relationship: _____ CPD Witness: _____

CERES POLICE DEPARTMENT RIDE-ALONG/SIT-ALONG WAIVER

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

For ride-alongs, 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, assault, 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 danger simply because I am accompanying him/her.

For sit-alongs, I understand that I will be assigned to sit and observe one or more dispatchers who will attend to his/her normal duties. The environment, though normally at risk as is found in patrol, can be high stress or program participants may hear loud and profane language from callers.

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 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, 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/Sit-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/dispatcher's duties. In further consideration of my being allowed to participate in this 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 VOLTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS WAIVER AGREEMENT OF MY OWN FREE WILL.

Dated this _____ day of _____, 20_____, at Ceres, California.

(Signature of applicant)

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

Print Name: _____

Print Name: _____

***** 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/sit-along. Completing this form does not guarantee the applicant a ride-along/sit-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/sit-along will be established. Ride-Along applicants will be given a safety briefing at the time of the ride-along. Any questions regarding the ride-alongs or the application process should be directed to the Ceres Police Patrol Watch Commander during regular business hours, Monday-Friday, 8 AM to 5 PM, at 209-538-5706. Questions regarding the Sit-Along program should be directed to the Ceres Police Dispatch Supervisor at 209-538-5716.

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.

***** 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 Completed by: _____ ID #: _____ Date: _____

CAD #: _____ Comments: _____

Application and waiver can be dropped off in the lobby, or mailed to: Ceres Police Department, 2727 Third Street, Ceres, CA 95307. Thank you.