POLICE DEPARTMENT CITIZEN OBSERVER (RIDE-ALONG) PROGRAM

Last Name	First Name	Middle Name	Maiden
Street/Mailing Address		City/State/Zip Code	
Phone:		Email:	
Date of Birth:		SSN:	
I hereby request permis	ssion to Ride as a civilian obs	server in a Police Department Pat	trol vehicle because
•	ed below are at least 10 days	s after submitting this application	n:
	ce:		
	ce:		
		—— e and Hold Harmless Agreement.	
Hultilei agree with and		And Hold Harmless Agreement	
facilities of the Police Depart	tment the undersigned agrees to re	release and hold harmless the City, its ag	pressed purpose of observing operations and agents, employees, and elected official(s) from note, sustained during or as a result of my ride
			any payment to the Police Department or its ny proceedings as a result of my observations.
Department. I fully realize an exposure to danger of physi	nd appreciate the basic nature of la sical harm, injury, including traffic	aw enforcement and the possibility that	and commands of the officer(s) of the Police situations may arise which might result in my ese risks. I further agree to keep confidential by time without notice.
I authorize the Police Depart criminal nature may disqualif		rds check of me prior to riding and unde	erstand that any information of an adverse or
I freely and voluntary sign th	is Release and Hold Harmless Agre	eement in sole reliance of my own judgm	nent.
Signature of Applicant		Date	
Date/ Time: Approved/Denied: Assigned Officer:		(FOR OFFICE USE ONLY) CCH WANTED Date:	DL DL

Host officer Name/ Comments:_