

Ride-Along Request Form / Waiver of Liability

Last Name	First Name	Middle	Date of Birth	Sex
Street Address		City	State	Zip Code
Social Security #		Email	Home / Work / Cell Phone Number	
Driver's License / State I.D.#				
Why are you interested in the Ride-Along Program?				
Have you ridden with Peoria Police before? <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide date)				
Are you currently attending school? <input type="checkbox"/> NO <input type="checkbox"/> YES (What school?)				
Are you currently working in law enforcement? <input type="checkbox"/> NO <input type="checkbox"/> YES (What agency?)				
Do you have a disability? <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide details)				
Have you ever been arrested? <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide details)				
Are you on probation and/or parole for any criminal offenses? <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide details)				
Are you currently involved, in any way (i.e., suspect, witness, victim, etc.), in a criminal case or civil action involving the Peoria Police Department? <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide details)				
Are you currently involved, in any way, in a criminal case being investigated by any law enforcement agency? <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide details)				
Shift Requested	Weekday or Weekend?	Date(s) Requested	Do you want to ride out of our main station (PSAB) at 8351 W. Cinnabar, or the Pinnacle Peak Public Safety Facility (PPPSF) at 23100B N. Lake Pleasant Pkwy?	
Day Shift			<input type="checkbox"/> PSAB	<input type="checkbox"/> PPPSF
Swing Shift			<input type="checkbox"/> PSAB	<input type="checkbox"/> PPPSF

In consideration of my being permitted to ride upon the motor vehicles of the City of Peoria Police Department, I hereby release and agree to hold harmless the said Department, its employees and agents from any and all liability for any damage or injury, which I may receive while riding upon said vehicles, or receive accompanying City of Peoria police officers from any cause whatsoever. This release of liability and agreement given by me to the Peoria Police Department, its employees and agents shall apply to any right of action that might apply to me, my heirs, and my personal representatives. Further, I agree to assume all risks in riding in the said Peoria Police Department vehicles and in accompanying its officers, and am fully aware personal damage may be involved. I acknowledge that the police officers will be engaging in a variety of law enforcement activities during the Citizen Observer Program. I fully understand the requirement to comply with the directions of the law enforcement officer. Additionally, I understand and accept the risks of riding with a law enforcement officer who may be performing activities which include a degree of risk to my personal safety.

Signature _____	Date _____
Parent/Guardian Signature if applicant under 18 _____	Date _____

CITY OF PEORIA POLICE DEPARTMENT USE ONLY

Participant Eligibility

ACIC / NCIC	<input type="checkbox"/> Negative	<input type="checkbox"/> See attached	Initial _____	<input type="checkbox"/> Approved
County Bookings	<input type="checkbox"/> Negative	<input type="checkbox"/> See attached	Initial _____	<input type="checkbox"/> Denied
Local Files	<input type="checkbox"/> Negative	<input type="checkbox"/> See attached	Initial _____	Supervisor Signature _____
BlueTeam	<input type="checkbox"/> Negative	<input type="checkbox"/> See attached	Initial _____	

Scheduled Date of Ride-Along _____ Shift / Team _____

Notification Date / Time _____ Notification Made by _____ Comments _____

Officer Assigned _____ Date _____ Start Time _____ End Time _____

Officer Signature _____ Comments _____



PEORIA POLICE DEPARTMENT
CITIZEN OBSERVER PROGRAM
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