City of Peoria Police Department
Citizen Observer Program
8351 W. Cinnabar Ave. Peoria, AZ 85345
Phone: (623) 773-8054 Fax: (623) 773-7726

Ride-Along Request Form/Waiver of Liability

☐ Police Applicant ☐ Citizens Academy ☐ Police Explorer ☐ Other _____

Last Name	First Name	Middle	Date of Birth	Sex ☐M ☐F

Street Address	City	State	Zip

Social Security #	Home Phone Number	Work/Cell Phone Number

Business or School

Do you have a disability?
☐ No ☐ Yes (If Yes, Please provide details)

Have you ever been arrested?
☐ No ☐ Yes (If Yes, Please provide details)

Are you on probation and/or parole for any criminal offenses?
☐ No ☐ Yes (If Yes, Please 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?
☐ No ☐ Yes (If Yes, Please provide details)

Are you currently involved, in any way, in a criminal case being investigated by any law enforcement agency?
☐ No ☐ Yes (If Yes, Please provide details)

Please list below any additional information you would like to provide.

Please indicate your time preference(s) below. If you list more than one, please indicate your 1st choice, 2nd choice, etc. A ride-alongs could start as early at 10:00 am and end as late as 11:00 pm. Please check-in 15 minutes prior to scheduled start time. NOTE: This form must be received at least ten (10) days in advance of the requested ride-along date.

Time Available	Time Preference	Day of Week (please circle)	Date(s) Requested	Pref. 1 & 2	Request to ride out of our main station (PSAB), 8351 W. Cinnabar, or the Pinnacle Peak Public Safety Facility (PPPSB), 23100 N. Lake Pleasant Pkwy?
10 am - 11 pm		S M T W T F S			☐ PSAB ☐ PPPSB
10 am - 11 pm		S M T W T F S			☐ PSAB ☐ PPPSB

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 motor 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: _____

If applicant is under the age of 18 years, I, the parent, guardian, or legal custodian of the minor signing above, do hereby assent to the waiver and agree to the terms stated above.

Witness Signature: _____ Date: _____

CITY OF PEORIA POLICE DEPARTMENT USE ONLY
Participant Eligibility

ACIC/NCIC: ☐ Negative ☐ See Attached Initial _____ ☐ Approved
County Bookings: ☐ Negative ☐ See Attached Initial _____ ☐ Denied
Local Files ☐ Negative ☐ See Attached Initial _____ Supervisor Signature: _____

Shift Assignment

Scheduled Date of Ride-Along: _____ ☐ Approved Date received: _____
Shift/Team: _____ ☐ Denied Date: _____

Citizen Notification

Date/Time Notification Made: _____ Notification Made By: _____ Comments: _____

Host Officer

Officer Assigned: _____ Date: _____ Start Time: _____ End Time: _____
Officer Signature: _____
Officer Comments: _____