WEST SACRAMENTO POLICE DEPARTMENT
RIDE ALONG PROGRAM APPLICATION

PRINT NAME (LAST, FIRST, MIDDLE)	DATE

STREET ADDRESS	CITY	STATE	ZIP CODE

DRIVERS LICENSE NUMBER	EXP DATE	DATE OF BIRTH	RESIDENCE PHONE

EMPLOYER/SCHOOL	OCCUPATION	BUSINESS PHONE

HAVE YOU PARTICIPATED IN A RIDE ALONG PROGRAM BEFORE? INCLUDE AGENCY AND DATE PARTICIPATED

WHY DO YOU WANT TO PARTICIPATE ON A RIDE ALONG?

DO YOU RESIDE IN WEST SACRAMENTO?	ARE YOU EMPLOYED IN WEST SACRAMENTO?	ARE YOU AN APPLICANT WITH THE CITY OF WEST SACRAMENTO? _____
		POSITION APPLYING FOR: _____
		PHASE(S) OF HIRING PROCESS COMPLETED: ☐ APPLICATION ☐ TESTING ☐ ORAL PANEL

DO YOU HAVE ANY PHYSICAL LIMITATIONS? IF YES, PLEASE EXPLAIN

SHIFT REQUESTED	DAY OF THE WEEK REQUESTED
DAYS ☐ SWING ☐ GRAVE ☐	SUN ☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT ☐

RELEASE AND WAIVER OF LIABILITY

The undersigned has made a voluntary request for permission to ride as a guest in a law enforcement vehicle and accompany a Police Officer of the West Sacramento Police Department during the active performance of his or her official duties.

The undersigned expressly agrees to and knowingly does assume all risks arising in the course of said activity, including personal injury, property damage or death, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action against the City of West Sacramento, its officers, employees and agents, of which may occur during participation in the ride along. The undersigned specifically agrees to hold harmless the City of West Sacramento, its officers, agents and employees from and against any and all claims, loss, damage, and liability from injury sustained while participating in the ride along. I understand that a criminal check and a warrant check will be conducted as part of the application process.

I have read and voluntarily signed this "Release and Waiver of Liability" and acknowledge the significance of it.

APPLICANT SIGNATURE	DATE	PRINTED NAME OF APPLICANT	DATE

FOR POLICE DEPARTMENT USE ONLY

BACKGROUND CLEARANCE: ☐ DL CLEAR   ☐ WARRANT CLEAR   ☐ CRIMINAL HISTORY CLEAR   VERIFIED BY:

ASSIGNED TO:	APPROVED BY:

DATE/TIME TO RIDE: