BEREA POLICE DEPARTMENT

CITIZEN OBSERVER (RIDE-ALONG) PROGRAM APPLICATION
_____

LAST NAME:_____ FIRST NAME: _____MIDDLE INITIAL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENCE# _____

STREET/MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

I HEREBY REQUEST PERMISSION TO RIDE AS A CIVILIAN OBSERVER IN A POLICE DEPARTMENT PATROL VEHICLE

BECAUSE: _____

I FURTHER AGREE WITH AND VOLUNTARILY SIGN THE RELEASE AND HOLD HARMLESS AGREEMENT. ALL REQUESTED DATES LISTED BELOW ARE AT LEAST TEN (10) DAYS AFTER SUBMITTING THIS APPLICATION. *Requested hours must be between 7:00am and 11:00pm.*

1ST Choice Date:_____ Time:_____

2nd Choice Date: _____ Time: _____

3rd Choice Date: _____ Time: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR INTERNAL USE ONLY:

RECEIVED DATE/TIME: _____ NAME: _____

APPROVED: _____ DENIED: _____ NOTIFIED BY: _____ DATE: _____

ASSIGNED: _____ DATE: _____ TIME: _____ OFFICER: _____

HOST OFFICER NAME/ COMMENTS: _____

_____

_____

CITIZEN OBSERVER (RIDE-ALONG) PROGRAM APPLICATION

RELEASE AND HOLD HARMLESS AGREEMENT
_____

In consideration of being permitted to ride in a vehicle owned and operated by the City, for the expressed purpose of observing operations and facilities of the Police Department, the undersigned agrees to release and hold harmless the City, its agents, employees, and elected officials from any and all liability to me for personal injury or death or any property damage, whether proximate or remote, sustained during or as a result of my ride as an observer. I understand that I will be a guest passenger in the vehicle in which I ride and have not offered any payment to the Police Department or its employees for the opportunity to ride. I further understand that I may be summoned as a witness in any proceeding as a result of my observations.

This observation is for my educational benefit. At all times, I agree to obey all orders, instructions and commands of the officer(s) of the Police Department. I fully realize and appreciate the basic nature of law enforcement and the possibility that situations may arise which might result in my exposure to danger of physical harm or injury, including traffic accidents, and I am willing to accept these risks. I further agree to keep confidential anything which I may observe or hear. I understand that my observation ride may be terminated at any time without notice.

I authorize the Police Department to conduct a complete records check of me prior to riding and understand that any information of an adverse or criminal nature may disqualify me. I freely and voluntarily sign this Release and Hold Harmless Agreement in sole reliance of my own independent judgment.

Signature of Applicant: _____ Date: _____

PARENTAL ENDORSEMENT (For applicants under age of 18): I have read and understand the Release and Hold Harmless Agreement and agree to be bound to its provisions as they apply to my son/daughter _____. I agree to assume full responsibility for my son/daughter as it would pertain to the provisions set forth.

Signature of Parent/Guardian: _____ Date: _____

Security and Dissemination of Information Agreement

I AGREE the data in LEADS/NCIC and TAC is documented criminal justice information that must be protected to ensure correct, legal, efficient dissemination and use.

I AGREE that any information heard or seen concerning data obtained from LEADS, NCIC or TAC printout is sensitive and confidential and must not be shared with anyone outside of the criminal justice agency.

I AGREE that an unauthorized dissemination of information could result in criminal proceedings.

I have read, understand and agree to abide by the regulations of LEADS, NCIC and TAC that govern access to and dissemination of the information contained in their computer systems. By signing this agreement, I agree to abide by the above agreement with full understanding that any misuse of the system and/or information could result in criminal proceedings.

PRINT NAME: _____

DRIVER'S LICENSE #: _____

SIGNATURE: _____

DATE: _____

Please read, sign and date; then return this form to Jen