

CORONADO POLICE DEPARTMENT
RIDE ALONG APPLICATION

Date Requested for Ride _____ Time _____
(Must be at least one week prior to completion of this form)

Date Application Submitted _____ Officer Requested _____

There are two (2) shifts available. Circle the shift you prefer and enter the times you would like to ride. Efforts will be made to schedule you on that day but due to the volume of applications, that is not always possible. Keep in mind that you are only permitted to ride during the hours of 10:00 a.m. and 11:00 p.m. for a maximum of four (4) hours unless you are in law enforcement. Our shift times are 6:00 a.m. to 6:15 p.m. and 6:00 p.m. to 6:15 a.m.

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Name _____ Birth Date ____/____/____
Print (last) (first) (middle)

Address _____ City _____ State ____ Zip Code _____

Driver's License # _____ State _____ Email _____

Contact# _____ Contact# _____

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Your business or occupation _____

If you represent a service club or group, indicate the name _____

If you are riding for a school project, indicate the date the assignment is due _____

School name _____ Instructor's Name _____

Are you currently in the process of applying for a position with Coronado Police Department? ____

If so, what position? _____

How did you learn of our program? _____

Do you have any minor or major disability or medical condition that might affect or interfere with your ride along? ____ If so, please describe: _____

Witness in Criminal Court Proceedings: Due to recent court opinions (People v. Loomis, CR 65544 on March 29, 1984), all persons riding in department vehicles will, as required, be included by name in official reports. These reports may cause the rider to be subpoenaed to court as a witness.

Records Check: The Police Department will conduct a criminal records check on all applicants for the ride along program before they are allowed to ride in police vehicles.

I have read and agree to the conditions and regulations of the Ride-Along program.

Signature of Applicant

If under 18 years of age, Signature of Parent

INSTRUCTIONS FOR RIDE-ALONG:

1. Please return completed form to: ddannemann@coronado.ca.us or fax (619) 435-1329
2. We will contact you to schedule the ride-along once the form has been approved.
3. You must be 16 years of age or older.
4. You must wear a seatbelt at all times while riding in the police vehicle.
5. You must obey all lawful instructions given by the Officer with whom you ride.
6. You will not be allowed to attend briefing unless the Watch Commander has given permission.
7. Any information you may become privy to while participating in the Ride-Along Program that the Officer tells you is confidential – must remain confidential.
8. At no time may you represent yourself as a Police Officer unless you are a State of California appointed Police Officer.
9. Your behavior during the ride-along must not cause discredit to the Coronado Police Department. The Officer assigned may terminate the ride-along if you display any unacceptable behavior or behavior that would discredit the Coronado Police Department.
10. You must be dressed and groomed in a manner that will leave a favorable impression with the public. Attire must conform to acceptable standards. Clothing must be neat and clean - not be exceptionally informal or provocative. Faded denim, or denim with holes, is not permitted nor are tank tops or “message” T-shirts. Shoes are required.
11. Tape recorders, cameras, video cameras, and weapons are strictly prohibited on the ride along.
12. Ride-alongs are limited to one every six months.
13. All ride-alongs, except those otherwise exempted by Department policy, must be scheduled in advance via the Department Administrative Secretary.
14. No person shall be permitted to participate in the program if he/she arrives with the odor of alcohol on his/her breath, appears to be intoxicated, or has taken medication that might impair judgment or ability to follow directions during the ride-along.
15. Applicants must have no physical or mental disabilities that may be aggravated or would hinder the applicant’s ability to comprehend or follow instructions during the ride-along.
16. Ride-along participants will be told which unit number vehicle they are riding in and briefed on how to use the radio in emergency situations.
17. **No ride-along, civilian or sworn, shall be permitted unless the RELEASE, WAIVER AND ASSUMPTION OF RISK REGARDING CITY POLICE DEPARMENT RIDE-ALONG PROGRAM is read, completed, and signed. Participants under the age of 18 years must have a parent or legal guardian sign the Waiver form in person at the Police Department prior to the ride-along.**
18. **The final decision on a participant being allowed to ride will rest with the on-duty Watch Commander.**

_____ (Ride Along Initials Acknowledging Instructions)

Emergency Contact Person:

Name	Address
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Proceed to “Release, Waiver and Assumption of Risk...” form.

Records use only _____ COK	_____ Does NOT COK	_____ Dispatcher Initials
Officer assigned _____	_____ Watch Commander Initials	_____

CORONADO POLICE DEPARTMENT

RELEASE, WAIVER AND ASSUMPTION OF RISK REGARDING CITY POLICE DEPARTMENT RIDE-ALONG PROGRAM

The City of Coronado (hereinafter "CITY") offers to the public an opportunity to ride along with Coronado Police Officers to become more familiar with the Police Department's operations and procedures (hereinafter "PROGRAM"). The PROGRAM requires the undersigned to be a passenger in a marked police vehicle. The undersigned hereby acknowledges that the PROGRAM presents substantial risk of death, personal injury and property damage, from, but not limited to:

- Contact or proximity to armed suspects.
- Access to loaded firearms.
- Involvement in vehicle collisions.
- Involvement in high-speed police pursuits or other emergency driving activities.
- Contact or proximity to persons who have a disease or illness that may result in exposure to airborne pathogens including Hepatitis and HIV
- Exposure or proximity to toxic fumes and materials.
- View of seriously injured or deceased persons.
- Contact or proximity to violent persons using foul language.
- Other activities that may require travel outside the CITY for the purposes of pursuing suspects, serving arrest warrants or other high-risk activities.

I hereby acknowledge that my/my child's participation in the PROGRAM is undertaken at my/my child's own personal risk. I/we hereby assume these risks and hereby agree to indemnify, defend and hold harmless the CITY, its elected and appointed officers, officials, agents, employees and volunteers from and against any and all causes of action, claims, liabilities, obligations, judgments, losses, or damages, including reasonable attorney's fees and costs of litigation ("claims") arising out of, or in connection with, my/my child's participation in the PROGRAM excepting only loss, injury, damage or cost that arise out of the CITY's intentional wrongful acts, CITY's violations of law, or the CITY's sole active negligence. It is further agreed and understood that all of my/our rights against the CITY under Section 1542 of the Civil Code of the State of California and any similar law of any state or territory of the United States are hereby expressly waived. Section 1542 reads as follows:

A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which, if known by him, must have materially affected his settlement with the debtor.

I/we acknowledge that the CITY does not have medical insurance which applies to my/my child's participation in the PROGRAM and that I/we am/are responsible for my/ my child's own medical insurance and medical expenses.

I, the undersigned, represent and warrant that I have read and fully understand the above statements and I fully understand this Release, Waiver and Assumption of Risk and thereupon affix my signature below.

Undersigned's Signature _____ Date: _____

If the undersigned is a minor, the legal guardian is required to sign.

Legal Guardian's
Signature _____ Date: _____