

WEST SACRAMENTO POLICE DEPARTMENT RIDE ALONG PROGRAM APPLICATION



PRINT NAME (LAST, FIRST, MIDDLE)				DATE	
STREET ADDRESS CITY		STATE			
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 SACRAMENTO?			DU AN APPLICANT WITH THE CITY OF WEST MENTO?	
				ON APPLYING FOR:	
		PHASE(S		S) OF HIRING PROCESS COMPLETED:	
			□ APPLIC	CATION TESTING OR	AL PANEL
DO YOU HAVE ANY PHYSICAL LIMITATIONS? IF YES, PLEASE EXPLAIN					
SHIFT REQUESTED DAY OF THE WEEK REQUESTED					
DAYS SWING GRAVE	SUN MON	TUES WE	ED 🗆	THURS FRI	SAT □
DATO II CHINO II CICAVE II	CON D MICH D	1020 - 111		THOROU THE	OAT L
RELEASE AND WAIVER OF LIABILITY					
The undersioned has made a valuatemy request for negative to side as a great in a law enforcement valuate and					
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.					
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.					
The part of the approximation processes.					
I have read and voluntarily signed this "Release and Waiver of Liability" and acknowledge the significance of it.					
APPLICANT SIGNATURE	DATE	PRINTED NAME OF A	PPLICANT		DATE
FOR POLICE DEPARTMENT USE ONLY					
BACKGROUND CLEARANCE: □ DLCLEAR □ WARRANT CLEAR	CRIMINAL HISTORY	CLEAR VERIFIED	BY.		

APPROVED BY:

DATE/TIME TO RIDE: