

KEIZER POLICE DEPARTMENT

930 Chemawa Rd NE • PO Box 21000 • Keizer OR 97307
www.keizer.org • Phone 503-390-3713 • Fax 503-390-8295

Ride-Along Application

Ride-along requests must be approved by the program coordinator. The department receives more requests for rides than we can accommodate; therefore, the following applicants have been prioritized, and other applications may be denied without explanation:

- **A Keizer resident for whom familiarity with policing would benefit the department's mission "to help the community maintain order while promoting safety and freedom and building public confidence"**
- **An employee or volunteer with an organization that has an obvious nexus to policing (e.g., dispatch, media)**
- **A student enrolled in a criminal justice program**

Riders must be unarmed, 14 years of age or older, dressed in business casual or better clothing, and must sign the Release and Hold Harmless Agreement on the back of this application. And you must print legibly.

Name (Last, First, Middle)		Phone Number	
Address (include City/State/Zip)		E-mail Address	
Date of Birth *	Driver License Number	Emergency Contact	Emergency Contact Number

Describe why you want to ride with and observe a Keizer police officer: _____

List your preferred days (or dates) and hours to ride. If providing specific dates, provide dates that are at least 21 days from the date you submit the application.

1st Preference: Day or date _____ Time (4-hour block) _____ until _____

2nd Preference: Day or date _____ Time (4-hour block) _____ until _____

3rd Preference: Day or date _____ Time (4-hour block) _____ until _____

Signature	Date Submitted
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FOR DEPARTMENT USE ONLY	
Date application received: _____	Application received by: _____
Background checks conducted by: _____	CCH <input type="checkbox"/> Wants <input type="checkbox"/> DL <input type="checkbox"/> Name scan <input type="checkbox"/>
Ride approved by: _____	Date rider notified: _____ Notified by: _____
Assigned date and time of ride: _____	Host officer or team assigned: _____
Ride completed date and time: _____	Host Officer Comments: _____

Keizer Police Department Ride-Along Program RELEASE AND HOLD HARMLESS AGREEMENT

I authorize the Keizer 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 from participating. I have not offered any payment to the Keizer Police Department or its members for the opportunity to ride. I understand that I will be a guest passenger in a police vehicle owned by the City of Keizer and operated by an employee of the Keizer Police Department. I understand that my ride may be cancelled or terminated at any time without notice.

The ride is for my educational benefit, and I shall not act as an agent for the department or otherwise perform any police-related duty. During the ride, I shall not operate a patrol vehicle or any other city-owned equipment unless directed to do so by a police officer, nor shall I carry any weapon unless I am a sworn peace officer and authorized by the shift supervisor.

I understand that the basic nature of law enforcement involves hazards that are beyond the power and control of the police department and its officers. I recognize that my host officer may not be able to perform his or her duty while also protecting me; therefore, I may be subject to the same risks and threats as the officer, which could result in my harm or death. I acknowledge and assume these risks. While riding, I will obey all instructions and commands made by my host officer and other police officers of the Keizer Police Department without question or hesitation, and I recognize that those instructions or commands may not eliminate risk to me. Should I be injured, I give consent to the officer(s) to call for any medical assistance, including first aid and ambulance service, and I agree to pay any and all costs incurred.

I agree to keep all information and observations confidential unless otherwise stated by the host officer, and I recognize that I may be held civilly liable for any disclosure of confidential information or observations. I understand that I may be summoned as a witness to events that occur during the ride. I understand that I am not allowed to take photographs or other recordings, including audio recordings, without the express consent of my host officer, and I understand that any photograph or recording that I make will subject my device (e.g., cell phone, camera) to seizure as evidence.

I hereby forever release, discharge, and acquit the City of Keizer, its officers, agents, and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with my ride. I have carefully read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature	Date
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*** FOR APPLICANTS UNDER 18 YEARS OF AGE**

I have read and understand this *Release and Hold Harmless Agreement* and agree to the provisions as they apply to my child. I also agree to assume full responsibility for my child according to the provisions set forth.

Printed name of parent or guardian	Relationship
Signature of parent or guardian	Date