

**MERCED POLICE DEPARTMENT
RIDE ALONG/ SIT ALONG PROGRAM APPLICATION**

PLEASE COMPLETE ALL PERTINENT SECTIONS AND SUBMIT APPLICATION TO THE APPROPRIATE PROGRAM COORDINATOR

DISPATCH SIT ALONG REQUEST
 Merced Police Communication Center
 Attn: Marvin Dillsaver
 611 West 22nd Street
 Merced, CA 95340
 (209) 385-8808 (FAX)

RIDE ALONG REQUEST
 Merced Police Department
 Attn: Squad Lieutenants
 611 West 22nd Street
 Merced, CA 95340

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|---|--------|------------------------|-------------------------|-----------|---------------|-----------------|----------------|------|------|
| PRINT NAME (LAST, FIRST, MIDDLE) (MAIDEN) | | SOCIAL SECURITY NUMBER | | | | DATE | | | |
| STREET ADDRESS | | CITY | STATE | ZIP CODE | | CONTACT PHONE # | | | |
| DRIVER LICENSE NUMBER | | SEX | AGE | RACE | DATE OF BIRTH | HT | WT | HAIR | EYES |
| E-MAIL ADDRESS | | | | | | | | | |
| OCCUPATION | | | NAME OF EMPLOYER/SCHOOL | | | | BUSINESS PHONE | | |
| DO YOU HAVE ANY PAST ARREST OR PENDING COURT CASES? <input type="checkbox"/> NO <input type="checkbox"/> YES LIST DATE, AGENCY, CHARGE, AND DISPOSITION. ATTACHED ADDITIONAL SHEETS IF NECESSARY. | | | | | | | | | |
| WHY DO YOU WANT TO PARTICIPATE ON A RIDE ALONG/SIT ALONG? WHO RECOMMENDED THAT YOU PARTICIPATE? (EXAMPLE POLICE OFFICER, SCHOOL INSTRUCTOR, SELF, ETC.) | | | | | | | | | |
| DO YOU HAVE ANY PHYSICAL LIMITATION? <input type="checkbox"/> NO <input type="checkbox"/> YES HIGH BLOOD PRESSURE HEART CONDITION NERVOUS OR MENTAL CONDITION OTHER (LIST) | | | | | | | | | |
| LIST PVIOUS PARTICIPATION IN ANY RIDE ALONG/SIT ALONG. INCLUDE THE AGENCY AND DATE PARTICIPATED | | | | | | | | | |
| WHO SHOULD WE NOTIFY IN CASE OF EMERGENCY: | | | | | | PHONE NUMBER: | | | |
| REQUESTED DAY / SQUAD OF PARTICIPATION. CHECK AS MANY AS PRATICAL. | | | | | | | | | |
| SHIFT | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | | |
| SQUAD A (DAY) | | | | | | | | | |
| SQUAD B (SWING) | | | | | | | | | |
| SQUAD C (SWING-MID) | | | | | | | | | |
| SQUAD D (GRAVES) | | | | | | | | | |

BACKGROUND AUTHORIZATION

I understand that a criminal background check and warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of California to release to the Merced Police Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Merced Police Department in evaluating my eligibility for participation in the Ride Along/Sit Along Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR EXPLORER CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS WHO WISH TO PARTICIPATE.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT OR GUARDIAN

******BE SURE TO FILL OUT BOTH SIDES******

FOR DEPARTMENTAL USE ONLY

DATE/TIME TO PARTICIPATE: _____

SUPERVISOR: _____
MPD 1

OFFICER(S): _____
 DISPATCH: _____

INDMNITY AND HOLD HARLESS AGREEMENT

Whereas the undersigned

- being an employee or agent of the City of Merced
- not being a member, employee or agent of the Merced Police Department or the City of Merced

has made a voluntary request for the permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and staffed by members of the Merced police Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their official duties as Police Officers.

Now, therefore, in consideration of the City of Merced, a Municipal corporation, by and through its Police Department, cooperating in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISK arising in the course of said activity, including personal injury, property damage or death, on behalf of myself, my heirs, executors, administrator, and assigns, and does hereby voluntary release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the City of Merced, its officers, employees, officials volunteers and agents, which may occur during my participation in the ride-along. I understand that any aspect of police work can be inherently dangerous, unpredictable and/or hazardous activities, and I agree to participate with knowledge of the damages.

The undersigned specifically agrees to defend, indemnify and hold harmless the City, its officers, officials volunteers, agents and employees, from and against any and all claims, loss damage and liability for injury to the undersigned person or property, including any such claim, loss, damage and liability caused by the negligence of the City, its agents, officers, official volunteers and employees from against any and all claims, loss, damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a quest or observer in any Merced Police Department vehicle or while accompanying a member of said department during the active performance of his or her official duties as a peace officer.

As a visitor of the Merced Police Department, you may have visible access to criminal records, and or Department of Motor Vehicle information, and/or information which is considered confidential by statutes. Misuse of such information may adversely affect an individual's civil rights and violates the law. Penal Code Section 502 prescribes the penalties relating to computer crimes. Penal Code Sections 11140-11144 and 13301-13305 prescribe penalties for misuse of this information. California Vehicle Code 1808.45 prescribes the penalties relating to the misuse of Department of Motor Vehicle record information. "Any person who knowingly furnishes a record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor". As a visitor of the Merced Police Department, these laws apply to you. Your signature below indicates that you understand this information regarding the misuse of criminal records information, Department of Motor Vehicle record information and confidential information.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

I have read and voluntarily signed this "Release and Waiver of Liability and indemnity Agreement" and acknowledge the significance of it. I agree that no oral representation, statements or inducements have been made to me which are not set forth in this Agreement. IAM AWARE THAT THIS AGREEMENT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE EXPLORER CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS.

Date: _____

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT OR GUARDIAN

FOR POLICE DEPARTMENT USE ONLY

| | | |
|--|---|--------------------|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (With Captain Approval Only) | WATCH COMMANDER: SUPERVISING DISPATCHER: | DATE: DATE: |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | DIVISION CAPTAIN: | DATE: |
| COMMENTS: | | |

| | YES | NO |
|------------------------|-----|----|
| DL OK | | |
| CITY CLEAR | | |
| WARRANT CLEAR | | |
| CRIMINAL HISTORY CLEAR | | |
| PAST RIDE CLEAR | | |

| |
|----------------------|
| CHECKS COMPLETED BY: |
| BADGE NUMBER: |
| DATE: |