



FULTON-EL CAMINO PARK POLICE DEPARTMENT

Ride-Along Program Application Form

IDENTIFYING INFORMATION				
NAME (LAST, FIRST, MIDDLE)				DATE
ADDRESS		CITY	ZIP	TELEPHONE
NAME OF EMPLOYER		OCCUPATION		
WORK ADDRESS		CITY	ZIP	TELEPHONE
SEX	DESCENT	BIRTHDATE	STATE OF BIRTH	DRIVER'S LICENSE NUMBER
EMERGENCY INFORMATION				
IN AN EMERGENCY NOTIFY (LAST NAME, FIRST NAME)				
RELATIONSHIP:				
ADDRESS				CITY
ZIP	TELEPHONE	BLOOD TYPE	ALLERGIES	
PHYSICAL CONDITION/AILMENT(S) YOU WISH TO DISCLOSE IN THE EVENT OF A MEDICAL EMERGENCY (OPTIONAL)		MEDICATIONS TAKING	RELIGIOUS PREFERENCE	
INSTRUCTION OR INFORMATION TO TREATING PHYSICIAN (OPTIONAL)				
SECURITY CLEARANCE INFORMATION				
HAS APPLICANT EVER BEEN ARRESTED OR ADMITTED TO A PSYCHIATRIC TREATMENT FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAS APPLICANT EVER BEEN DETAINED FOR A MENTAL CONDITION PURSUANT TO W&I § 5150? <input type="checkbox"/> YES <input type="checkbox"/> NO				
LIST DATE(S) AND CIRCUMSTANCES AND JURISDICTION				
ELIGIBILITY INFORMATION				
HAS APPLICANT PARTICIPATED IN THE RIDE ALONG PROGRAM IN THE PAST? <input type="checkbox"/> NO <input type="checkbox"/> YES		DATE LAST PARTICIPATED	RECOMMENDED BY (OR SELF REQUEST)	
WHY WOULD YOU LIKE TO PARTICIPATE IN THIS PROGRAM? (BREIF SUMMARY BELOW)				

THIS APPLICATION IS NOT TO BE REPRODUCED FOR USE BY AN APPLICANT
(OVER)

W A I V E R A N D R E L E A S E

**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE
WAIVER AND RELEASE OF CLAIMS**

The undersigned has requested permission to accompany members of the Fulton-El Camino Park District Police Department during the active performance of their official duties:

The undersigned understands and acknowledges that such duties involve work and activities, which are inherently dangerous and may subject the undersigned to risk of loss, injury, or damage to person or property.

The undersigned hereby agrees that County of Sacramento, Fulton-El Camino Recreation and Park District, its Police Division, its managers, supervisors, employees and agents, the driver or owner of any vehicle owned or operated by or in the service of the Fulton-El Camino Recreation and Park District, County of Sacramento, their sureties and each of them shall not be held liable under any circumstance whatsoever by the undersigned, his or her estate or heirs, for any injury, damage, expense or loss to the person or property of the undersigned incurred while riding as an observer accompanying a member of said department during the performance of their official duties.

The undersigned agrees to dress appropriately in casual business attire (no blue jeans), and to comply with all lawful directives of the host officer or other employee of the Fulton-El Camino Park Police Department or its affiliate law enforcement agency.

****READ THIS DOCUMENT COMPLETELY BEFORE SIGNING****

SIGNATURE OF APPLICANT	DATE
SIGNATURE OR PARENT OR GUARDIAN (IF UNDER 18)	DATE

RETURN COMPLETED APPLICATION TO SERGEANT OR ABOVE ON DUTY

BACKGROUND COMPLETED BY:

BACKGROUND RESULTS:

APPROVED BY _____ DATE

DECLINED BY _____ DATE

Applicant Participated as scheduled on:

Did not participate