## CITY OF COTTAGE GROVE

## **Cottage Grove Police Department**

400 Main Street Cottage Grove, OR 97424 Phone: 541-942-9145 Fax: 541-942-4310 Email: contact@cgpolice.org

www.cgpolice.org

## **RIDE-ALONG APPLICATION**

Date of Application:		Days/Times Available:				
Name:		Date of Birth:				
Last	First	Middle (Please print cle	early)			
AKA (Any other LAST	Name you have us	ed; Maiden name, etc.				
Physical Address (Incl	ude City, State & Zi	p Code				
Race: Se		Telephone:				
(Needed for Ba	ckground Check)		(Home)	(Work)	(Cell)	
Social Security #:	C	river's License/ID Card	l #:			
In case of Emergency-	contact:				(State)	
	Name	Addres	SS	Phone		
PLACE OF EMPLOY	MENT (OR SCHOO	DL):				
		Occupation (or course of Study)				
REASON FOR REQU	EST:					
Have you ever been a	rrested:	If yes, please list the	details on a se	eparate page.		
Applicant's Signature		Date				
<ul> <li>Adults 18 year</li> <li>Minimum age</li> <li>Please dress r</li> <li>No t-shirts, tan</li> <li>as some office</li> </ul>	to ride is 15 years of leatly and conserva	read and sign the reve old; under 18 years old atively – slacks and jean sses, or skirts. Also, plantes these products.	requires parent ns are acceptal	tal permission (se ble.		
Records Check/RMS B	r.	Date:				
RECORDS NOTES:						
Supervisor Approval/R		Date:				
Officer Assigned:						
Date Ride Completed:		Officer Initials:	R	MS Entry:		

## RIDE-ALONG APPLICATION RELEASE AND INDEMNITY AGREEMENT

The undersigned does hereby request of the Cottage Grove Police Department permission to ride as an observer only in an authorized police motor vehicle. This observation is for the purpose of my educational benefit. If permission is granted, I agree to obey, at all times, all instructions, orders, and commands given to me by the officer(s) in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations may arise which could result in my being exposed to the danger of physical harm or injury, including but not limited to motor vehicle accidents. I, nevertheless, freely and voluntarily accept these risks. I further agree to keep confidential anything I may observe, read, or hear when requested to do so by members of the Cottage Grove Police Department. I understand that my observation may be terminated at any time without notice by the Cottage Grove Police Department.

I further understand I will be a guest passenger in the patrol vehicle in which I ride. I have not offered any payment to the Cottage Grove Police Department, or any other of its employees, for the opportunity to ride in a patrol vehicle.

In consideration of the educational benefit to be received by me with granting of my request, I hereby:

- Release the City of Cottage Grove, Cottage Grove Police Department, the Chief of Police and/or their agents and employees, from and against all claims for injuries and damages on account of, in any way arising from, or in any way connected with the granting of the request.
- Covenant and agree to indemnify, repay, reimburse and make good to the City of Cottage Grove, the Cottage Grove Police Department, the Chief of Police, and/or their agents and employees, any and all sums of money, losses, damages, attorney fees, and other fees, costs, and expenses that any or all may hereafter be required or compelled to pay of sustain on account of any kind and all injuries and damages that may be sustained by any person as a result of my actions, conduct, or omissions while I am acting as an observer, and to indemnify and defend them from same.

Signature of Applicant	Date	
Signature of parent or legal guardian if applicant is under 18 of age.	Date	

