



Winters Police Department

702 Main St, Winters CA 95694
Office/Records Departments (530) 795-2261
YECA Dispatch (530) 795-4561
Fax (530) 795-3921



RIDE-ALONG APPLICATION

If you are **16 years(*) of age or older**, you may be eligible to participate in the Winters Police Department Ride-A-Long Program. You **must** be a **Winters area resident**. You may participate once every three months. Ride-A-Longs are limited to six hour rides, **between the hours of 11:00 A.M. to 11:00 P.M.**

If you desire to be considered for a citizen ride-a-long, please fill out the following information completely. This information will be used to conduct an inquiry to determine if your application for a Ride-A-Long is approved.

(*) Juveniles may participate in this program only with the signed consent of a parent or legal guardian.

(PLEASE PRINT)

NAME: _____ DRIVERS LICENSE #: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ MALE () FEMALE ()

Have you participated in our program before? Yes () No ()

Have you ever been convicted of a criminal offense? Yes () No ()

Do you have high blood pressure or heart condition? Yes () No ()

Are you a diabetic or epileptic? Yes () No ()

Do you have any other medical or physical condition that may be affected by your participation in this program? Yes () No ()

Please list the name, address and phone number of a person we may contact in an emergency?

Name: _____ Address: _____ Telephone: _____

Please list the date and time you are requesting to Ride-A-Long (Please **allow a minimum of two weeks** for assignment and approval).

First Choice: _____ Second Choice: _____

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS/LIABILITY

Whereas the undersigned, not being a member, employee or agent of the Winters Police Department, has made a voluntary written request for permission to ride as an observer in a Winters Police Department vehicle at a time when such vehicle is operated and manned by members of the said Department and has further requested permission to accompany a member or members of said Department during the active performance of their official duties as Police Officers.

And whereas, the undersigned acknowledges that the work and activities of said Department are inherently dangerous involving risk of injury, damage or loss to person and property, and further agrees that said Department did not take the initiative in extending a personal invitation to ride or accompany its member(s).

Now therefore, be it understood that the undersigned hereby agrees that the City of Winters, the Winters Police Department, any member of the Police Department, the driver or owner of any vehicle owned or operated by, or used in service for the City of Winters, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, parents/legal guardian, his/her estate, or heirs for any injury, damage, expenses or loss to the person or property of the undersigned, incurred while riding as an observer in the Winters Police Department vehicle or while accompanying a member(s) of said Department during the active performance of his/her official duties as a Police Officer.

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

SIGNATURE OF RIDER: _____ DATE: _____ WITNESSED BY: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Inquiry complete () Approved () Denied () Date: _____ By: _____ Scheduled for Ride-A-Long: _____