

## WOODSTOCK POLICE DEPARTMENT CITIZEN RIDE ALONG PROGRAM

Please print using ink only.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
BIRTH DATE      SEX

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME TELEPHONE

\_\_\_\_\_  
PLACE OF EMPLOYMENT

\_\_\_\_\_  
WORK TELEPHONE

\_\_\_\_\_  
DRIVERS LICENSE #

\_\_\_\_\_  
SOCIAL SECURITY #

WHY DO YOU WANT TO PARTICIPATE IN THE CITIZEN RIDE ALONG PROGRAM? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DAY OF THE WEEK IS BEST FOR YOU? \_\_\_\_\_

WHAT EIGHT HOUR TIME PERIOD IS BEST FOR YOU? \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY:

\_\_\_\_\_  
NAME                                      RELATIONSHIP

\_\_\_\_\_  
ADDRESS                                      TELEPHONE NUMBER(S)

\_\_\_\_\_  
SIGNATURE                                      DATE

**FOR OFFICIAL USE ONLY**

This request has been approved/disapproved by \_\_\_\_\_.  
(circle one) Name/Rank

Remarks: \_\_\_\_\_.

Citizen will report to \_\_\_\_\_  
Shift Supervisor

on \_\_\_\_\_ at \_\_\_\_\_.  
Date Time

Citizen was assigned to ride with \_\_\_\_\_  
Officer/Rank

between the hours of \_\_\_\_\_ and \_\_\_\_\_ on \_\_\_\_\_.  
Time Time Date

\_\_\_\_\_  
Signature of Shift Supervisor

# **INSTRUCTIONS FOR THE WOODSTOCK POLICE DEPARTMENT CITIZEN RIDE ALONG PROGRAM**

1. REQUEST TO PARTICIPATE FORM
  - a. Complete this form answering all questions.
  - b. Forward the completed form to the Woodstock Police Department.
  - c. If your request to participate is approved, you will be notified of the date and time of your ride along.
  
2. RELEASE OF LIABILITY FORM
  - a. Review this form carefully and be certain you understand it.
  - b. Complete this form at the Woodstock Police Department on the day of your scheduled ride along.
  - c. The required witness will be provided by the Department.
  
3. APPEARANCE
  - a. All participants must be neatly dressed. Prohibited items include, but are not limited to, blue jeans, denim and school or company jackets with identifying emblems. The wearing of these or any inappropriate clothing item will be just cause for rescinding permission to participate in the program.
  
4. PARTICIPANTS WILL NOT:
  - a. In any way interfere with or assist the officer unless your aid is requested.
  - b. Be allowed to be present on juvenile cases where records and arrests are by law confidential.
  - c. Be allowed to be present during interviews of serious criminal incidents such as a homicide or morals offense.
  - d. Be allowed to be present during any interrogation on a criminal matter.
  - e. Enter into or upon any person's private residence or property where an officer is responding to a disturbance or complaint.
  - f. Leave the squad car without the permission of the officer.

**RELEASE AND WAIVER OF LIABILITY FORM**

For and in consideration of the City of Woodstock Police Department extending to me at my request the opportunity of participating in the Citizen Ride Along Program, I hereby assume all risk of personal injury, death, property damage and any other loss I may sustain in and about any patrol car and in any other way arising out of the Program. In addition, I hereby release the City of Woodstock, its Officials, Police Department, Police Officers and all other personnel from any and all liability whatsoever for personal injury, death, property damage and any other loss I may sustain in and about any patrol car and in any other way arising out of the Program.

I further agree to indemnify and hold harmless the City of Woodstock, its Officials, Police Department, Police Officers and all other personnel from any and all claims, demands or actions arising out of personal injury, death, property damage or other loss to me in and about any patrol car and in any way arising out of the Program.

It is my intent that the assumption of risk, release and hold harmless herein described are binding upon my heirs, executors and administrators.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Telephone Number