

## Lincoln Police Department Ride-Along Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Applicants Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sex: Female  Male  Occupation Or Name of School: \_\_\_\_\_

Do you Have previous law enforcement experience: Yes  No  If yes, What Agency and Dates? \_\_\_\_\_

Why would you like to participate in this program? \_\_\_\_\_

Have you participated in Ride Along's in the past? Yes  No

Date: \_\_\_\_\_ What days and times are you available to ride? \_\_\_\_\_

1<sup>st</sup>: 2300HRS-0700HRS **Do you have any history of:** **How did you discover this Program?**

2<sup>nd</sup>: 0700HRS-1500HRS High Blood Pressure  Radio  Other

Relief: 1900HRS-0300HRS Heart Condition  School

3<sup>rd</sup>: 1500HRS-2300HRS Nervous/Mental Cond.  Newspaper

None of These  Church

**"AGREEMENT ASSUMING RISK OR INJURY OR DAMAGE/WAIVER AND RELEASE OF CLAIMS AND CITY OF LINCOLN INDEMNIFYING"**

Where as, The undersigned has made a voluntary request for permission to ride as a guest or observer in law enforcement vehicle at a time when such vehicle is operated and manned by members of the Lincoln Police Department, and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their duties as police officers: AND

Where as, The undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous, involving possible risk of injury, damage, expense or loss to person or property: AND

Now, Therefore, the applicant agrees that the city of Lincoln , its officers, directions, agents, employees and volunteers and the driver or owner of any automobile owned or operated by or in the service of the city of Lincoln, Their sureties, and each of them, shall not be held liable or responsible under any circumstances what so ever by the applicant, his or her estates or heirs, for any injury, damage, expense or loss to the person or property of the applicant, incurred while riding as a guest or observer in any vehicle of the city of Lincoln, or Lincoln Police Operations, or while accompanying a city employee or a member of the Lincoln Police Operations during the active performance of his or her official duties as a peace officer.

Applicant shall indemnify, hold harmless and defend the city of Lincoln, its officers, directors, agents, employees and volunteers against any and all claims, demands, damages, cost, expenses (including Attorney's fees) actions or liability what so ever arising out of applicant's actions taken while participating in the city of Lincoln's Police Operations "Ride-Along" program.

I, The undersigned applicant, declare that I have given correct information in the foregoing application, and that I have read and understand the here in above " Agreement" assuming risk of injury or damage, waiver of release of claims and indemnifying the city of Lincoln; and that I knowingly and willingly assume the risk of any loss, damage or injury of any kind whatsoever, which I may incur as a result of participating in the police "Ride-Along" program and knowingly and willingly indemnify the city of Lincoln.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Signature Of Parent: \_\_\_\_\_

**Requirements for Ride-Along**

1. Applicants must be 16 years of age or older, at the time the application is submitted.
2. All applicants must be residents of the city of Lincoln or:
  - (A) Visiting law enforcement personnel from other agencies.
  - (B) Students of the Lincoln High School School district in possession of a valid student body card.
  - (C) Students enrolled in any criminal justice class at Sierra College, with written permission of the class instructor.
  - (D) Any NON-Resident of Lincoln who possesses a valid City of Lincoln Business license.
  - (E) City of Lincoln employees and their immediate family.
  - (F) Any valid news media representative.
3. Applicants are **NOT** allowed to ride more than once in any given six month period. Any ride-along expressing an interest in participating again shall be advised by the officer at the time of their ride that they must wait at least one month to submit another application.
4. **All** participants must sign an accident waiver before they will be allowed to ride (see front of this form).
5. **Dress Code** Ride-along shall be required to be neatly dressed. Females shall be requested to wear either a pantsuit or slacks. Men shall be required to wear slacks and shirt. A Ride-Along will **NOT** be allowed to participate if they appear in faded and patched Levis, Tee Shirts, Halter Tops, Etc.
6. All officers work a 12-Hour shift. Ride-Along participants are not required to ride the entire shift.

**For Department Use Only:**

Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assigned To Ride On: \_\_\_\_\_ Time: \_\_\_\_\_

Applicant Notified On: \_\_\_\_\_ BY: \_\_\_\_\_

Host Officer Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Officer Signature: \_\_\_\_\_