HOLLISTER POLICE DEPARTMENT

395 Apollo Way, Hollister, CA 95023
(831) 636-4330

RIDE-A-LONG PROGRAM AGREEMENT

I have requested permission from the Hollister Police Department to ride-a-long in a Hollister Police Patrol Vehicle with a Hollister Police Officer on official duty. I have been advised, and understand, that my presence in a patrol vehicle inevitably subjects me to substantial risk of personal harm due to the hazardous nature of law enforcement activities and the risks that official personnel must necessarily take in the course of duty. In consideration of the granting of permission by the Chief of Police to accompany a Hollister Police Officer while on official duty, I hereby agree to abide to all departmental rules and regulations applicable to civilian participants in the ride-a-long program, and I further expressly agree not to make any claim against, sue, or hold financially or legally responsible, in any way, the city of Hollister, or any employee thereof, for, or based upon any injury to my person, however sustained, which I may suffer while I am a ride-a-long passenger in a Hollister Police patrol vehicle.

MINIMUM OF FIVE (5) DAYS ADVANCE NOTICE REQUIRED FOR A RIDE-ALONG

Name: _____ Driver License Number: _____

Address: _____ Telephone: _____

Date & time you wish to Ride along: _____

Reason for Ride-Along Request: _____

Signature of Rider: _____ Date: _____

If under 18 years of age you must have parental consent

Parent Name (Print): _____ Driver License Number: _____

Parent Signature: _____ Date: _____

Please wait to be contacted by the Watch Commander prior to arriving for your requested ride-along.

Emergency Contact Information

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

RECORDS USE ONLY

Records Checked by:_____ Date:_____

Check One: Accepted:____ Criminal History Attached:____

HOLLISTER POLICE DEPARTMENT USE ONLY

Received By: _____ Date: _____

Sergeant Assigned: _____ Date: _____

Ride-A-Long Date: _____ Time: _____ Beat: _____ Shift: _____

Officer Assigned:_____

Sergeant Signature: _____ Shift: _____