



Cottage Grove Police Department

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

RIDE-ALONG APPLICATION

Date of Application: _____ Days/Times Available: _____

Name: _____ Date of Birth: _____
Last First Middle (Please print clearly)

AKA (Any other LAST Name you have used; Maiden name, etc. _____)

Physical Address (Include City, State & Zip Code _____)

Race: _____ Sex: _____ Telephone: _____
(Needed for Background Check) (Home) (Work) (Cell)

Social Security #: _____ Driver's License/ID Card #: _____
(State)

In case of Emergency-contact: _____
Name Address Phone

PLACE OF EMPLOYMENT (OR SCHOOL):

Occupation (or course of Study)

REASON FOR REQUEST:

Have you ever been arrested: _____ If yes, please list the details on a separate page.

Applicant's Signature _____ Date _____

PLEASE NOTE:

- › You may ride only twice in a one-year period.
- › Adults 18 years and older, please read and sign the reverse side of this form.
- › Minimum age to ride is 15 years old; under 18 years old requires parental permission (see reverse).
- › Please dress neatly and conservatively – slacks and jeans are acceptable.
- › No t-shirts, tank tops, shorts, dresses, or skirts. Also, please use very little or no perfume/aftershave as some officers have allergies to these products.
- › Do not bring any weapons with you.

Records Check/RMS Entry Completed by: _____ Date: _____

RECORDS NOTES:

Supervisor Approval/RMS Entry: _____ Date: _____

Officer Assigned: _____

Date Ride Completed: _____ Officer Initials: _____ RMS 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 or 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

