



KALAMA POLICE DEPARTMENT
PO Box 297
1000 E Frontage Rd.
Kalama, WA 98625
Phone: (360) 673-2165

CITIZEN OBSERVER RIDE ALONG APPLICATION

APPLICANT INFORMATION				
NAME (LAST, FIRST, MIDDLE)			DATE	
ALIAS/ADDITIONAL NAMES				
ADDRESS		CITY	ZIP	TELEPHONE
NAME OF EMPLOYER		OCCUPATION		EMAIL ADDRESS
WORK ADDRESS		CITY	ZIP	TELEPHONE
SEX	RACE	BIRTHDATE	CITY/STATE OF BIRTH	DRIVER'S LICENSE # / STATE
EMERGENCY INFORMATION				
IN AN EMERGENCY NOTIFY (LAST NAME, FIRST NAME)			RELATIONSHIP	
ADDRESS		CITY	ZIP	TELEPHONE
BLOOD TYPE	ALLERGIES	MEDICATIONS		
PHYSICAL CONDITION/AILMENT(S) YOU WISH TO DISCLOSE IN THE EVENT OF A MEDICAL EMERGENCY (OPTIONAL)				
INSTRUCTION OR INFORMATION TO TREATING PHYSICIAN (OPTIONAL)				
SECURITY CLEARANCE/BACKGROUND INFORMATION				
HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATE(S), OFFENSE AND JURISDICTION				
HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, OR DENIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN				
ELIGIBILITY INFORMATION				
HAS APPLICANT PARTICIPATED IN THE RIDE ALONG PROGRAM IN THE PAST? <input type="checkbox"/> NO <input type="checkbox"/> YES		DATE LAST PARTICIPATED	RECOMMENDED BY: (OR SELF REQUEST)	
WHY WOULD YOU LIKE TO PARTICIPATE IN THIS PROGRAM? (BRIEF SUMMARY)				

PLEASE FILL OUT COMPLETELY AND CONTINUE ONTO THE BACK SIDE OF THE FORM.

WAIVER AND RELEASE

**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE
WAIVER AND RELEASE OF ALL CLAIMS**

For and in consideration of being permitted to ride in a City of Kalama Police Department vehicle as a passenger or observer, and in acknowledgement of the fact that the work and activities of said law enforcement department are inherently dangerous involving possible risk of injury, death, damage, expense, or loss to person or property and further in acknowledgement that said law enforcement department did not take the initiative in extending an invitation to ride or accompany its members,

I, _____
(Rider's Name or Guardian on Behalf of a Minor)

For myself, my heirs, assigns or other successors in interest, do hereby release and forever discharge the City of Kalama, its Police Department and officers, from any and all liability for all existing and future claims, damages, and causes of action of any nature whatsoever known, or unknown including but not limited to negligence which I may have or which may incur to me as a result of the acts or omissions of the City of Kalama Police Department officer or officers who I am accompanying or observing or other officer on that Police Force, or the acts or omissions of any third person, or which otherwise arise as a result of my being said passenger or observer, and I do hereby waive any claim against the City of Kalama, its Police Department, officers, agents, employees, agencies, and all other departments for personal injuries, death, loss of service, property damage, or medical expenses of whatever nature, which might arise during or as a result of my accompanying the City of Kalama Police Officer as a passenger in their vehicle or as an observer for the performance of their duties.

I, _____, parent/guardian of _____ give my permission for the above named applicant to ride in a City of Kalama Police Department Vehicle as an observer.

Parent/Guardian Signature

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

SIGNATURE

PRINT NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
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SCHEDULING INFORMATION

APPLICANT IS AVAILABLE TO RIDE:	ON THESE DAYS/DATES:
<input type="checkbox"/> Days 0500-1700	
<input type="checkbox"/> Nights 1700-0500	

POLICE DEPARTMENT USE ONLY

RECEIVED BY:	DATE
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SECURITY/BACKGROUND CLEARANCE

BACKGROUND COMPLETED BY:	DATE
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BACKGROUND RESULTS:

APPROVAL

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	CHIEF OF POLICE OR DESIGNEE	DATE
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NOTIFICATION

<input type="checkbox"/> EMAIL/LETTER <input type="checkbox"/> TELEPHONE	NOTIFIED BY:	DATE
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SCHEDULED RIDE ALONG/OBSERVATION

DATE	SHIFT/HOST OFFICER
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MAIL OR DROP OFF COMPLETED APPLICATIONS:
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