HOLLISTER POLICE DEPARTMENT

AGREEMENT REGARDING PARTICIPATION IN THE HOLLISTER POLICE RIDE-A-LONG PROGRAM

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.

Name_____ CDL#_____ Application Date _____

Address_____ Home Phone _____

DOB:___/___/___ If under 18 years of age you must have parental consent:_____
Parent Signature

Which day do you prefer for a Ride-a-long:_____

Emergency contact: Name_____ Home Phone_____

Address _____ Cell Phone_____

RECORDS USE ONLY

Records Check by:_____ Check One: ☐ Accepted ☐ Criminal History Attached

HOLLISTER POLICE DEPARTMENT USE ONLY

Received by: _____ Date:_____
Personnel & Community Services Officer

Assigned to: _____ Date:_____
Sergeant

Date of Ride-A-Long: _____ Time:_____

Officer assigned _____ Beat: _____

Sergeant Signature _____ Shift: _____

Signature of Rider _____ Date: _____

Hollister Police Department
395 Apollo Way Hollister CA 95023

Emergency 911

Business (831)636-4330

Fax (831)636-4339