



VICTORIA POLICE DEPARTMENT

RIDE - ALONG APPLICATION



The Victoria Police Department is pleased that you have chosen to participate in our Ride-Along Program. The purpose of the program is to provide interested citizens with an insight into the line operations of the Department. It is our hope that you will find this experience both informative and enjoyable.

We would like you to be fully aware of the conditions and circumstances under which this program operates:

1. You will be assigned to ride with a Police Officer of this Department. He/she will be assigned to his/her normal duties and will respond to all calls for service to which he/she is assigned.
2. Police officers can be and often are assigned duties, which involve danger, and serious risks. The officer with whom you are riding is no different. He/she will not avoid or disregard duties which involve emergencies or danger simply because you are with him/her.
3. You are aware that the right front passenger airbag has been disconnected for safety reasons due to equipment mounted in the marked police units. Please initial in the space provided that you have read this statement.
Initials Required **Parent / Guardian Initials Required (if applicant under 18 yoa)**
4. While every effort will be made to ensure your safety, the police officers first responsibility will be to carry out his/her assigned duties.
5. The police officer you will accompany will be happy to discuss his/her duties and responsibilities insofar as time permits. If, however, some emergency should arise, you must IMMEDIATELY AND WITHOUT QUESTION comply with any orders or directions given to you by the officer. This is for your own safety.

RELEASE

THE STATE OF TEXAS
COUNTY OF VICTORIA

IN CONSIDERATION of permission which I have received to accompany one or more police officers of the Victoria Police Department of the City of Victoria, Texas, a municipal corporation, in the course of his or their duty, I, the undersigned do by these presents release the City of Victoria, its police officers, public officials, agents, servants and employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damage to me or to my property, or my death, arising out of or related to any happening or occurrence while I am accompanying any officer or officers of the Victoria Police Department on duty, or incidental thereto, and for the same consideration, I promise to release, and covenant not to sue the said City and the said persons, and agree to forever hold them and each of them harmless from any such liability, claims, demands, actions, or causes of action.

The terms hereof shall be of full force and effect on _____ to January 2, _____

I have read and understand the conditions of this program as stated above as well as the Victoria Police Department policy regulating the ride-along program and hereby voluntarily assume all risk of loss, damage or injury to me or my property, including death, which may be sustained while or incidental to accompanying one or more Victoria Police Department police officers while on duty.

This release and agreement shall be binding upon me and my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said City, agents, public officials and persons herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

I acknowledge receipt of the VPD Ride-Along Policy. By my signature I am authorizing and acknowledging that a Computerized Criminal History will be performed by the Victoria Police Department to verify my eligibility.

Ride-Along Applicant Name (Please Print)

Date

Ride-Along Applicant Signature
Confirming Understanding, Agreement & Compliance with Above

Witness Name (Please Print)

Parent/Guardian Signature (If Applicant under 18 yoa)

Witness Signature (Required)



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Date: _____

Name: _____ D.O.B. _____ Age: _____
(Your first & last name as it appears on your Driver's License)

Previous Last Names (maiden name, etc.) _____

Address: _____ City: _____ State: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer: _____ Occupation: _____

Driver's License Number: _____ State: _____ Last 4 of Soc. Sec. # _____

Traffic Convictions: _____

Criminal Convictions: Yes No

Note: For Security Purposes, the Victoria Police Department will check your Driver's License and Criminal History

If yes, list Police Agency: _____

Charge(s): _____

What is your purpose for participation as a Ride-Along? _____

Applicant Signature

Parent/Guardian Signature (If Applicant under 18 yoa)

Note: Approval of this form expires on January 2nd of the following calendar year.

FOR DEPARTMENT USE ONLY

Background Checks: Local Records Check Driver's License & Wanted Combo (DL with other states if applicable)
 Criminal History (CCH) National Sex Offender Public Website <http://www.nsopw.gov>

Application Approved: Yes No

Approved By: _____ Date: _____

Chief or Designee: _____ Date: _____