



ESCONDIDO POLICE DEPARTMENT

Ride-Along Requirements

1. Participants must be 16 years or older.
2. Applicants are limited to one, four-hour ride-along in any 12-month period.
3. Ride-alongs cannot ride together.
4. Applicants must not have physical or mental disabilities that could be aggravated, would hinder the applicant's ability to comprehend or follow instructions, or in an emergency would prevent the applicant from exiting the patrol vehicle and waiting in a public place, on their own or at the officer's command, during the ride-along.
5. Participants must read and sign the waiver form prior to beginning a ride-along. Participants under the age of 18 years must have a parent or legal guardian sign the waiver form in person at the Police Department prior to the ride-along.
6. No person shall be permitted to participate in the program if he/she arrives with the odor of alcohol on his/her breath, appears intoxicated, or has taken medication that might impair judgment or ability to follow directions.
7. Participants shall dress appropriately. Casual attire is reasonable attire for riding and could consist of slacks or nice jeans and a collared T-shirt or sport shirt. Faded jeans, cut-offs, thongs and shirts with off-color prints will not be permitted.
8. Participants shall not be armed with any type of weapon (knives, guns, mace, etc.). Off-duty police officers are exempt; however, prior to riding, they must notify the watch commander that they are armed, and they must carry their department identification and badge.
9. Due to the court opinions in *People v. Loomis*, CR 65544 on March 28, 1984, your name may be included in official reports as required. These reports may cause you to be subpoenaed in court as a witness.
10. Participants are required to wear a seatbelt at all times while riding in the police vehicle.
11. The officer assigned may terminate the ride-along if the participant displays any unacceptable behavior or behavior that would discredit the Escondido Police Department.
12. Ride-alongs will begin and terminate at the Police Department. Ride-alongs will not be picked up or taken home by police officers during the course of the officer's shift without the watch commander's approval.
13. A Ride-Along applicant may have his/her ride canceled if deemed necessary by the watch commander due to unusual occurrences.
14. We are certain that some applications will be received from citizens living outside the City of Escondido. We will welcome anyone wishing to participate providing, of course, that they meet all the requirements of the regulations above. We must, however, give priority to those who live or work in Escondido, so that it may be necessary to ask your indulgence if conditions warrant it.

The final decision on a participant being allowed to ride will rest with the on-duty watch commander.



ESCONDIDO POLICE DEPARTMENT

RIDE - ALONG APPLICATION

Name: _____ / _____ / _____
(Last) (First) (Middle)

Address: _____

City: _____ State _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Date of Birth: _____ CA Driver's License: _____ Social Security Number: _____

Occupation: _____ Representing Club/Organization: _____

Emergency Contact: Name _____ Relationship: _____ Phone: (____) _____

Phone: (____) _____

Have you gone on a Ride-Along with the Escondido Police Department within the last 12 months?

Yes No Not Sure

Why do you wish to ride with the Escondido Police Department? _____

Have you ever been arrested? **Yes No** (Please circle one) If "Yes", please explain _____

Are you currently in the process of applying with the Escondido Police Department? Yes No

If so, what position? _____

Do you have any disabilities? Yes No

Are you under the care of a physician? Yes No

Are you taking any medications? Yes No

If you answered "Yes" to any of the above, please explain: _____

There are four riding shifts available. Please circle the time and day you prefer. Every effort will be made to schedule you on your preferred day and time. You will be notified by phone of the date and time you are scheduled to ride.

(Please Circle One)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

(Please Circle One)

6:30 a.m. 11:30 a.m. 4:30 p.m. 9.00 p.m.

Note: A Ride-Along applicant may have his/her ride canceled if deemed necessary by the watch commander due to unusual circumstances.

Witness in Criminal Court Proceedings: Due to the court opinions in People v. Loomis, CR 66544 on March 29, 1984, all persons riding in department vehicles will, as required, be included by name in official reports. These reports may cause the rider to be subpoenaed to court as a witness.

The Chief of Police will make the final decision concerning the acceptance of applications.

JIM MAHER
Chief of Police



ESCONDIDO POLICE DEPARTMENT WAIVER OF CLAIMS FOR DAMAGES OR LOSSES

In consideration of the permission granted by the City of Escondido, California, on this day for me to accompany an officer or officers of the Escondido Police Department on routine patrol, I _____ do hereby waive all claims for damage or loss to my person or property that may be caused by any act or failure to act of the City of Escondido, California, its officers, agents or employees. I assume the risk of all dangerous conditions or occurrences that may be encountered during said patrol, and waive any and all specific notice of the existence of such conditions or occurrences.

I have read and understand the above waiver, as well as the Escondido Police Department Ride-Along Requirement form, and agree to the same.

(Minor children, under the age of 16 years, will not be permitted to ride along. The release form must be signed by the parent or guardian of any rider under the age of 18 years in the presence of a Police Department employee.)

APPLICANT'S SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE (IF UNDER 18)

RELATIONSHIP

ADDRESS

() () _____
PHONE NUMBER(S)

Witnessed by:

AN AGENT OF THE ESCONDIDO POLICE DEPARTMENT

DATE

NAME OF PARTICIPATING OFFICER

DATE

Ride-Along was assigned by the Training Division and is currently in the hiring process.

NAME OF TRAINING DIVISION REPRESENTATIVE

DATE

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE	
<input type="checkbox"/> Local	<input type="checkbox"/> NCIC
<input type="checkbox"/> ARJIS	
Checked By _____	Date _____
<input type="checkbox"/> State RAP	<input type="checkbox"/> FBI RAP
Checked By: _____	Date: _____
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