

**UKIAH POLICE DEPARTMENT
RIDE ALONG/ SIT ALONG PROGRAM APPLICATION**

PLEASE COMPLETE ALL PERTINENT SECTIONS AND SUBMIT APPLICATION TO THE APPROPRIATE PROGRAM COORDINATOR.

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DISPATCH SIT ALONG REQUEST

Ukiah Police Department
Attn: Dispatch Supervisor
300 Seminary Avenue
Ukiah, CA 95482

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RIDE ALONG REQUEST

Ukiah Police Department
Attn: Lieutenant
300 Seminary Avenue
Ukiah, CA 95482

PRINT NAME (LAST, FIRST, MIDDLE) (MAIDEN)	SOCIAL SECURITY NUMBER	DATE
STREET ADDRESS	CITY STATE ZIP CODE	CONTACT PHONE #
DRIVERS LICENSE NUMBER	SEX RACE AGE DATE OF BIRTH	HT WT HAIR EYES

E-MAIL ADDRESS

OCCUPATION NAME OF EMPLOYER/SCHOOL BUSINESS PHONE

DO YOU HAVE ANY PAST ARRESTS OR PENDING COURT CASES? ☐ NO ☐ YES LIST DATE, AGENCY, CHARGE, AND DISPOSITION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

WHY DO YOU WANT TO PARTICIPATE ON A RIDE ALONG/ SIT ALONG? WHO RECOMMENDED THAT YOU PARTICIPATE? (EXAMPLE: POLICE OFFICER, SCHOOL INSTRUCTOR, SELF, ETC.)

DO YOU HAVE ANY PHYSICAL LIMITATIONS? ☐ NO ☐ YES

HIGH BLOOD PRESSURE HEART CONDITION NERVOUS OR MENTAL CONDITION OTHER (LIST)

LIST PREVIOUS PARTICIPATION IN ANY RIDE ALONG/SIT ALONG PROGRAM. INCLUDE THE AGENCY AND DATE PARTICIPATED.

REQUESTED DAY / SHIFT OF PARTICIPATION. CHECK AS MANY AS PRACTICAL.

SHIFT	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
GRAVEYARD							
DAY							
SWING / MID							

BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of California to release to the Ukiah Police Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Ukiah Police Department in evaluating my eligibility for participation in the Ride Along/ Sit Along Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR MINORS OR CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS WHO WISH TO PARTICIPATE.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT OR GUARDIAN

******BE SURE TO FILL OUT BOTH SIDES******

FOR DEPARTMENTAL USE ONLY

DATE/TIME TO PARTICIPATE: _____

SUPERVISOR: _____
UPD 01 (REV 04/25)

OFFICER(S): _____
DISPATCHER: _____

Whereas the undersigned

not being a member, employee or agent of the Ukiah Police Department or the City of Ukiah

Now, therefore, in consideration of the City of Ukiah, a Municipal corporation, by and through its Police Department, cooperating in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISKS arising in the course of said activity, including personal injury, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the City of Ukiah, its officers, employees and agents, which may occur during my participation in the ride-along. I understand that any aspect of police work can be a dangerous activity, and I agree to participate with knowledge of the damages.

I hereby consent to receive medical and hospital treatment which may be deemed advisable in the event of injury accident and/or illness during the Ride-Along Program.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE MINORS OR CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS.

Date: _____

Signature of Parent or Guardian

<input type="checkbox"/>	APPROVED	LIEUTENANT:	DATE:
<input type="checkbox"/>	DISAPPROVED (WITH CAPTAIN APPROVAL ONLY)		
		SUPERVISING DISPATCHER:	DATE:
<input type="checkbox"/>	APPROVED	CAPTAIN:	DATE:
<input type="checkbox"/>	DISAPPROVED		
COMMENTS			

	YES	NO
DL OK		
CITY CLEAR		
WARRANT CLEAR		
CRIMINAL HISTORY CLEAR		
PAST RIDE CLEAR		
COUNTY CLEAR		

DATE: