



**CASTLE ROCK POLICE DEPARTMENT**

PO Box 475  
141 A St SW  
Castle Rock, WA 98611  
Phone: (360) 274-4711

**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 Castle Rock 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 Castle Rock, 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 Castle Rock 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 Castle Rock, 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 Castle Rock 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 Castle Rock 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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