



Castle Rock Police Department

141 A St SW / P.O. Box 475

Castle Rock, WA 98611

Office: (360) 274-4711 Fax: (360) 274-4318

CITIZEN RIDE ALONG APPLICATION FORM

I hereby authorize the Castle Rock Police Department to conduct a criminal history check on me.

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

DOB: _____ SEX: _____ OCCUPATION: _____

SHIFT PREFERRED: _____.

SIGNATURE: _____

1. Before being allowed to ride, as observers in Castle Rock Police vehicles or being admitted to other police activities, not normally open to public participation, citizens must sign a form releasing the City of Castle Rock, its officials and City Employees from liability arising out of such participation.
2. Observers must be authorized by a supervisor.
3. Persons wishing to ride with members of the Castle Rock Police Department will first obtain a Ride-Along form.
 - a. The form will be completely filled out, signed and returned to the Clerk.
 - b. The citizen will be advised that they will be contacted in order to schedule the appropriate date and time.
4. A criminal history will be obtained on the applicant.
5. Dress will be neat and appropriate for any occasion. Observers will carry protective clothing which is suitable for existing or probable weather conditions as occasions may arise making it necessary to be out of the police vehicle for an extended period of time.
6. No weapons of any type will be carried.

SUPERVISORS AUTHORIZATION OF RIDE-ALONG: NAME: _____ # _____

RIDE DATE: ____/____/____ OFFICER ASSIGNED: _____