



BUCKEYE POLICE DEPARTMENT

"Serving the community with courage, commitment, excellence."

CIVILIAN RIDE-ALONG APPLICATION

Applicant's Name: _____ Date of Birth: _____
(Last, First, Middle Initial) (MM/DD/YYYY)

Address: _____ Phone: _____ Male Female
State/Zip Code) (Best Available)

Do you have any disabilities: Yes (if yes, please describe) No

Date of Proposed Ride: _____ Officer Requested, if any: _____

Desired Shift: Days (0800-1300) Swings (1500-2000) Nights (2030-0000)

Ride-Alongs will be scheduled based upon the availability of Officers.

Requirements for Ride-Along:

1. Identification: Rider must bring valid driver's license or photo ID containing name, date of birth and current photo.
2. Age: Rider must be at least **fourteen (14) years** of age.
3. Parental Consent: Riders **14-17 years** must have parental consent.
4. Clothing: Rider must wear clean business casual attire.
5. Ride-Along is subject to approval. You will be notified by phone or in person if you are or are not approved for a ride-along. If denied, reason(s) **may not** be provided.
6. Notice: At any point during the Ride-Along, rider may be dropped off in an area away from a crime scene or call. This is dependent on the type of call and/or the danger involved.
7. **Waiver: By signing below you release and agree to hold harmless the City of Buckeye, its employees and agents from any and all liability for any damage and/or injury which may occur while riding in the motor vehicles or accompanying the City of Buckeye police officers and/or personnel. This release of liability and agreement given to the City of Buckeye, its employees, and agents shall apply to any right of action that accrues to me, my heirs, and/or my personal representatives. Further, I agree to assume all risks in accompanying the officers of the department and riding in the City of Buckeye police vehicles. I further acknowledge that personal danger may be involved in participating in a Ride-Along, and understand that I must obey all instructions from the officer.**

Dated: _____, 20____ Applicant Signature: _____

Dated: _____, 20____ Witness Signature: _____

[PARENT/GUARDIAN MUST SIGN BELOW if applicant is 14-17 years of age] I, (parent/guardian of the minor signing above do hereby agree to the waiver and terms set forth above.

Dated: _____, 20____ Signature, Legal Guardian: _____

(Return form to Records Section prior to end of shift)



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POLICE DEPARTMENT USE ONLY

Records Check: _____
(Name/Serial #)

ACIC: Negative Positive

NCIC: Negative Positive

BPD: Negative Positive

Ride-Along: Approved Denied

Date: _____, 20____ Signature: _____

Records Supervisor: _____ Date: _____, 20____

Forwarded to: _____ Date: _____, 20____

(Field Operations Supervisor)

Sergeant Assigned: _____

Ride-Along completed: Yes No

Officer Assigned: _____ Squad/Shift: _____
(Name/Serial #)

Date of Tour: _____, 20____ Time of Tour: _____

Officer Comments: _____