

INDEPENDENCE POLICE DEPARTMENT PATROL OBSERVATION APPLICATION

PHOTO ID REQUIRED (copy will be retained)

APPLICANTS MUST BE AT LEAST 14 YEARS OF AGE

NAME: _____
 LAST MAIDEN FIRST MIDDLE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

HOME ADDRESS: _____
 Number Street City State Zip Code

Date of Birth: _____ SS#: _____ Driver Lic. # and State: _____
 Month/Day/Year

PURPOSE OF RIDE (Explain): _____

In case of emergency, notify: _____ Phone: _____

Date you want to ride: _____ Time: _____

Patrol observation rides are a maximum of 5-hour duration. You are limited to 1 ride per calendar year. Please schedule as far in advance (7 DAY MINIMUM) as possible. You will be contacted by telephone to confirm whether or not there is a vacancy for the date and time you have selected. **IF SELECTED TO RIDE, YOU ARE BEING REQUESTED TO SHOW UP WEARING CLOTHING DEEMED AS BUSINESS CASUAL.**

The applicant named above hereby acknowledges and declares that this application is made with the following understandings and stipulations.

1. The applicant will ride as a passenger in motor vehicles owned by the City of Independence and operated by employees of the Independence Police Department. Such transportation is furnished to the applicant purely gratuitously, as a revocable privilege, so that the applicant may observe the daily, routine operation of the Independence Police Department on patrol.
2. Routine patrol duties may involve the operation of the police vehicles in emergency conditions as authorized emergency vehicles as permitted by O.R.S. 820.300. Such operation may involve greater than normal speeds, justified disregard of certain traffic control devices and rules of the road, etc. The circumstances requiring emergency operation may include, but are not limited to, pursuit of other vehicles and expeditious transit to suspected crimes in progress. Such circumstances are so varied that an exhaustive list cannot reasonably be compiled. Determination of when to operate a police vehicle as an emergency vehicle is within the sole discretion of the Independence Police Department and its officers.
3. Police work involves, by its very nature, many hazards beyond the power of the police department and its officers to control. At all times while riding as a patrol observer, the applicant agrees, without question or hesitation, to abide by the directions of the Independence Police Department given by its officers, and further recognizes that those directions may not effectively eliminate risk to the applicant, which risk the applicant assumes.
4. The applicant recognizes that in an emergency, a police officer may not be able to both perform their duty and dismiss the applicant from their presence, thereby subjecting the applicant to the same risks as are presented to the officer. The applicant recognizes and acknowledges assumption of this risk.
5. The applicant recognizes that criminal charges and/or civil suits arise from many of the situations that confront police officers in their daily work. The applicant agrees to keep confidential all observations and conversations which may merge as a result of their participation in this program. The applicant recognizes the possibility of being civilly liable for any disclosures of this confidentially.

(OVER)

6. The applicant recognizes that during the course of participating in patrol observation, the applicant will become a witness to traffic offenses and criminal violations. The officer will provide the applicant's name and address as a witness whenever applicable. The applicant acknowledges that as a witness, there is a potential of being subpoenaed to testify in court.
7. The applicant recognizes that if medical assistance, including first aid and/or ambulance service, is necessary, the Independence Police Department will arrange for the same, consent for which is hereby given, and agrees to pay any and all costs incurred or accruing in connection therewith.
8. In consideration of the acceptance of this application and granting by the Independence Police Department of the privilege of acting as a patrol observer, the applicant does hereby forever release, discharge and acquit the City of Independence, its officers, agents and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with their participation hereunder.
9. This ride along may be canceled or terminated at the discretion of the shift supervisor.
10. **THE APPLICANT DECLARES TO HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING:** and, by signature affixed hereto, accepts the same and assents thereto in its entirety.

APPLICANT: _____ DATE: _____
 (Signature)

PARENT (If under 18): _____ DATE: _____
 (Signature)

INDEPENDENCE POLICE DEPARTMENT USE ONLY

Date Applicant Will Ride: _____ **Time:** _____ **Officer:** _____

RECORDS CHECK

Attach **ONLY**: Arrest info, Suspect info, Concealed Weapon Permit info, Corrections Client Info

CCH/Want Check: _____ **SUN & RAIN:** _____

PRIORS: _____ **PRT Initials & #:** _____

APPLICATION APPROVED:
OFFICE OF CHIEF OF POLICE

By: _____

Date: _____

FOR OFFICER TO COMPLETE

Date Applicant Rode: _____

From: _____ **Hours to** _____ **Hours**

Officer Initials & DPSST #: _____