



Molalla Police Department

Chief of Police Chris Long

PO Box 248
117 N. Molalla Ave.
Molalla, OR 97038

503-829-8817 ph
503-829-3461 fax
www.cityofmolalla.com

RIDE-ALONG APPLICATION

Name (Last, First, Middle): _____ Date of Birth: _____

AKA (Any other names used; Maiden names, etc.): _____

Physical Address (Include City, State & Zip): _____

Telephone Number: _____ Email: _____

Information for Background Check: _____ Driver's Licenses/ID Number: _____ State: _____

Reason for request: _____

Is there a specific officer you would prefer to ride with? _____

What days of the week would you prefer to ride? (Sunday-Saturday) :

Please type a four-hour block to ride: **(7AM -6AM)**

Signature: _____ Date: _____

INFORMATION:

- ❖ You may ride only once every calendar year.
- ❖ Adults 18 years and older, read and sign waiver on reverse side of form.
- ❖ No riders under 15, parent or guardian must sign waiver on reverse side of form.
- ❖ Wear shirts with sleeves and long pants.
- ❖ No shorts, skirts, dresses, tank tops, or open toed shoes.
- ❖ Be mindful of perfume, cologne and aftershave as some officers have allergies to these products.
- ❖ **NO WEAPONS OF ANY KIND.**
- ❖ Officers may end a ride-along at any time, without warning for whatever reason.
- ❖ Please email all completed requests and waivers to records@molallapolice.com

Records Check Completed by: _____ Date: _____

CCH CHECK

DL CHECK

COURT CHECK

RMS CHECK

Sergeant Approval or Denial: _____ Date: _____

Officer Assigned: _____ Date: _____ Times: _____

WAIVER ON REVERSE SIDE



RIDE-ALONG REQUEST RELEASE & INDEMNITY WAIVER AGREEMENT

The undersigned does hereby request of the Molalla Police Department permission to ride as an observer only in an authorized police motor vehicle. This observation is for the purpose of my educational benefit. If permission is granted, I agree to obey, at all times, all instructions, orders, and commands given to me by the officer(s) in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations may arise which could result in me being exposed to the danger of physical harm or injury, including but not limited to motor vehicle accidents. I, nevertheless, freely and voluntarily accept these risks. I further agree to keep confidential anything I may observe, read, or hear when requested to do so by members of the Molalla Police Department. I understand that my observation may be terminated at any time without notice by the Molalla Police Department.

I further understand I will be a guest passenger in the patrol vehicle in which I ride. I have not offered any payment to the Molalla Police Department, or any other of its employees, for the opportunity to ride in a patrol vehicle.

In consideration of the educational benefit to be received by me with the granting of my request, I hereby:

- ❖ Release the City of Molalla, the Molalla Police Department, the Chief of Police and/or their agents and employees, from and against any and all claims for injuries and damages on account of, in any way arising from, or in any way connected with the granting of the request.
- ❖ Covenant and agree to indemnify, repay, reimburse and make good to the City of Molalla, the Molalla Police Department, the Chief of Police, and/or their agents and employees, any and all sums of money, losses, damages, attorney fees, and other fees, costs, and expenses that any or all may hereafter be required or compelled to pay or sustain on account of any kind and all injuries and damages which may be sustained by any person as a result of my actions, conduct, or omissions while I am acting as an observer, and to indemnify and defend them from same.

Signature: _____ Date: _____

Signature of parent/legal guardian: _____ Date: _____