



BOISE POLICE DEPARTMENT

Request for Police Ride-Along

Applicant Information



(Please print all answers and fill out every line possible)

Last Name:		First:		Middle:	
Address:			City:		Zip:
Social Security Number:		Date of Birth:		Gender:	
Home Phone:	Cell Phone:		E-mail:		
Driver's license or ID Number:		State Issued:		Expires:	
Employer:		Address:		Phone:	
Emergency Contact:		Address:		Phone:	
(If applicant is under 18 years of age, please have a Parent or Guardian complete and sign the following)					
Last Name:		First:		Middle:	
Address:		City:		Zip:	
Parent or Guardian Signature:					
Preferred day of the week to ride-along:		Preferred time:		Preferred officer (optional):	
Reason (s) you would like to ride-along:					
Have you ever been on a ride-along with the Boise Department before? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, when:					
Are you related to a Boise City employee? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, who and what department do they work in?					
Are you a graduate of the Citizen's Police academy?					
Have you ever applied for a position with the Boise Police Department? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, when:					
"Legal Note - Please read before signing"					
<p><i>This form must be completed and returned to the Boise Police Department. It takes at least two weeks to process the form and do a background check. By signing this form, you are giving the Boise Police Department permission to complete a thorough criminal history check on you prior to the ride-along. Completing this form and returning to the Boise Police Department does not guarantee the applicant a ride-along. You will be contacted within two weeks to inform you if your application has been approved or denied. During that contact, the time and date of the ride-along will be established. In addition to this form, you may be required to complete additional paperwork at the time of the ride-along. Ride-along applicants will be given a safety briefing at the time of the ride-along. Any questions regarding the ride-along or the application process should be directed to the Boise Police Patrol Secretary during regular business hours at 570-6300.</i></p>					
Applicant's Signature:				Date:	
Ride-along Coordinator Signature:		Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Date:	
Watch Commander Signature:		Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Date:	



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“Please read and initial the following statements, after reading, sign the waiver of liability. Every person going on a ride-along must sign the waiver”

I have voluntarily requested to ride as a passenger and observer in a Boise Police Department vehicle that will be operated by official Law Enforcement personnel while performing official duties as a peace officer.

_____ I understand that the activities of the officer I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.

_____ I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer I am assigned to or that will jeopardize the officer’s and/or my safety.

_____ I understand the equipment assigned to an officer and the vehicle in which I will be riding is for the purpose of aiding the officer in performing official duties only. I will not touch, utilize, or adjust any of the equipment.

_____ I agree that I will not take any photographs or video of any crime scenes or evidence while with the officer, nor will I create anything on any personal recording device (such as a smartphone or digital camera) that could be considered a record which would need to be included in any officer’s report.

_____ I agree that I will not post anything regarding my ride-along or any calls to any social media websites of any kind.

_____ I agree that I will not take any photographs of the officer without his or her prior approval.

_____ I understand that failure to abide by the above requirements will result in immediate termination of the ride-along and can prohibit me from being considered for any future ride-alongs.

WAIVER OF LIABILITY

Release of Claims against the Boise Police Department

For and in consideration of my being allowed to ride as a passenger and observer in a Boise Police Department vehicle for personal benefit, I do hereby release the City of Boise, the Boise Police Department, its officials, employees, agents, and assigns, individually from any and all civil liability including, but not limited to actions in tort, contracts and civil rights. I do further grant a general release for myself, my heirs and executors and waive, remise, and forever release the City of Boise and the Boise Police Department, its officials, employees, agents, and assigns from all claims which can or may ever be asserted as a result of injuries or damages, mental or physical, sustained by me while with the Boise Police Department or its officers, whether inside or outside the vehicle. I understand the terms of this waiver are contractual, legally binding, and are not mere recital.

Ride-Along’s Signature: _____ Date: _____

Parent or Guardian signature: _____ Date: _____

Employee witness: _____ Date: _____

*****OFFICER - PLEASE FILL OUT THE BELOW INFORMATION*****

Officer’s name: _____ Ada: _____ Shift: _____

Rider’s ID confirmed: Yes No Type of ID and number: _____

Date of Ride-Along: _____ Time began: _____ Time ended: _____

Officer initiated ride-along Department initiated ride-along Civilian initiated Other _____

Would you want this person to ride with BPD again? Yes No Comments: _____

Officer’s Signature _____ Ada# _____ Date: _____

Supervisor’s Signature: _____ Ada# _____ Date: _____