

# WEST VALLEY CITY POLICE DEPARTMENT

## Ride Along Program

### OVERVIEW

Often citizens wish it were possible for them to be at the scene of police incidents and see exactly how the incident is handled so that they may better judge the quality of their police department. Others are considering a career in law enforcement and wish a preview of what such a career might involve.

In response to such feelings, the West Valley City Police Department has made it possible for you to "Ride-Along" in a police patrol vehicle, with a police officer during their tour of duty. We sincerely hope that by offering such a program, we may improve the state of understanding that exists between our officers, and you, the public. Please feel free to ask any questions which you might wish of our officers, because only through improved communications with each other can this goal be reached.

### HOW CAN I PARTICIPATE?

Fill out a waiver form and take it to the West Valley City Police Department Records division located at 3575 South Market Street (2800 West), West Valley City Utah, 84119-3720.

### WILL I HAVE TO SIGN SOMETHING?

Yes. We must have you sign a waiver form which frees the department of liability in the event you are injured while riding along with us. If you are under 18 years of age, your parents must sign the waiver. A background check will be conducted after your application is received and prior to your ride. You will be notified by mail if you have been accepted or rejected for the "Ride-Along".

### COULD I GET HURT?

Police work, by its very nature, is sometimes dangerous. We will do everything within our power to see that you are not exposed to danger. This sometimes means that the rider must be dropped off at a convenience store on some calls, or be asked to stay in the car, so be prepared.

### HOW LONG CAN I RIDE AT A TIME?

Normally, four hours. Longer rides may be arranged under special circumstances

### HOW SHOULD I DRESS?

We require that all persons riding along be suitably dressed in slacks, collared shirt or jacket, and shoes. Sandals, tee-shirts, halter tops, jeans, and shorts, are not permitted. We advise female participants NOT TO WEAR dresses, skirts or high heeled shoes. You should consider the weather. The "Shift Supervisor" will refuse a ride to anyone not properly dressed.

### CAN I BRING A CAMERA?

Due to constitutional questions of "Right to Privacy" we do not allow camera or recorders.

### HOW OFTEN CAN I RIDE?

In order to allow as many people as possible the chance to participate in this program, we limit "Ride-alongs" to once a year.

**WEST VALLEY CITY POLICE DEPARTMENT AUTHORIZATION FOR RECORDS CHECK AND DECLARATION OF ASSUMPTION OF RISK AND RELEASE OF LIABILITY**  
*(READ THIS DOCUMENT IN FULL BEFORE SIGNING)*

I, \_\_\_\_\_ the undersigned declare the following: I am \_\_\_\_\_ years of age and am not a member of the West Valley City Police department. I have made a voluntary request to participate in the "Ride-Along Program" of the West Valley City Police Department. I will accompany any member of the West Valley City Police Department to whom I am assigned during the performance of their official duties, which may include riding with said officer in a police vehicle, and being present at the scene of criminal investigations or other emergencies.

I understand that the West Valley City Police Department will allow me to participate in its "Ride-Along Program" only on condition that I agree that I release the City of West Valley, its officers, agents, and employees from all liability, and agree to these conditions.

I understand that the duties of members of the West Valley City Police Department are inherently dangerous and that I may be subjected to the risk of death or personal injury or of damage to property during my participation in the "Ride-Along Program". I further understand that said risk may arise from, but not limited to, civil disturbances; explosions or shootings; the effects of wind, rain, fire, and gas; assaults and/or battery; may be exposed to Hepatitis, Tuberculosis, H.I.V., chemicals and vehicle collision; and I freely and voluntarily assume all of said inherent risk, whether or not they are listed herein.

In consideration of my being permitted to participate in the "Ride-Along Program", I agree to be bound by all orders, rules and regulations concerning my participation; to promptly obey all instructions of any police officer to whom I am assigned; and to release the City of West Valley, its officers, agents, and employees from any and all liability arising out of my said participation. I have read and understand the contents of this document and I fully assume such risks and sign this document of my own free will. I declare, under penalty of perjury, that the foregoing is true and correct. As an applicant to participate in the West Valley City Police Department "Ride-Along Program", I hereby, authorize the West Valley City Police Department to conduct a criminal background investigation. I understand that such background investigation is being conducted due to the nature of the work done by West Valley City Police.

I understand that all available police and criminal records will be checked and that information will be used in determining eligibility for applicants for the "Ride-Along Program". All information is to remain confidential as required by Utah and Federal Statutes.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at West Valley City, Utah.

Signature of Witness, Must be a Notary or member of the Department	Signature of Applicant/Declarant	Signature of Parent /Guardian if Minor

Name:	Date of Birth:	Social Security #:
-------	----------------	--------------------

Address:	City:	State:	ZIP:
----------	-------	--------	------

Home Phone:	Work Phone:	Cell Phone:
-------------	-------------	-------------

Driver's License Number:	Occupation:
--------------------------	-------------

Health Information (List any health problems):

**EMERGENCY CONTACT:**

Name:	Relationship:	Address:
-------	---------------	----------

Home Phone:	Cell Phone:	Work Phone:
-------------	-------------	-------------

**FOR DEPARTMENT USE ONLY**

Assigned Officer Name:	IBM:	Shift:
------------------------	------	--------

Approving Supervisor Name:	IBM:	Date Riding:
----------------------------	------	--------------

Approving Supervisor Signature:	Date:
---------------------------------	-------

Assigned by: Name/IBM (Training Section Use Only):	Signature:	IBM:
--	------------	------