



AVONDALE POLICE DEPARTMENT



CITIZEN OBSERVER REQUEST / WAIVER OF LIABILITY

IF POLICE APPLICANT, PLEASE CHECK

Last Name		First Name			Middle Name
Alias/Maiden Name	Date of Birth		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address			City, State, Zip		
Home Phone #	Work / Business Phone #		Cell Phone #		
Do you require disability accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please describe)					
Have you ever been arrested? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide details)					
Are you on probation and/or parole for any criminal offense? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide details)					
Are you currently in the application process for the City of Avondale? <input type="checkbox"/> No <input type="checkbox"/> Yes Which department?					

Please indicate your shift preference(s) below. If you list more than one, please indicate your 1st choice, 2nd choice, etc. A ride-along begins at the shift start time, as listed below. Please check-in 15 minutes prior to shift start time.

NOTE: This form must be received at least ten (10) working days in advance of the requested ride-along date.

Squad	Time	Day of Week (check preference)								Date(s) Requested	Preference (1st, 2nd, etc.)
I	Fri-Mon 0500 - 1500	Sun <input type="checkbox"/>	Mon <input type="checkbox"/>	Tue	Wed	Thu	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>			
II	Mon: 0700-1700 Tue-Thu 0500-1500	Sun	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri	Sat			
III	Fri/Sat 1000-2000 Sun/Mon 1100-2100	Sun <input type="checkbox"/>	Mon <input type="checkbox"/>	Tue	Wed	Thu	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>			
IV	Tues-Fri 1200-2200	Sun	Mon	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat			
V	Fri-Mon 1500-0100	Sun <input type="checkbox"/>	Mon <input type="checkbox"/>	Tue	Wed	Thu	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>			
VI	Tues-Thu 1500-0100 Fri 1600-0200	Sun	Mon	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat			
VII	Sat-Tue 2000-0600	Sun <input type="checkbox"/>	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed	Thu	Fri	Sat <input type="checkbox"/>			
VIII	Wed-Fri 2000-0600 Sat 1800-0400	Sun	Mon	Tue	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>			

In consideration of being permitted to ride in the motor vehicles of the City of Avondale Police Department, I hereby release and agree to hold harmless the said Department, its employees and agents from any and all liability for any damage or injury, which I may receive while riding upon said motor vehicles, or receive accompanying City of Avondale Police Officers from any cause whatsoever. This release of liability and agreement given by me to the Avondale Police Department, its employees and agents shall apply to any right of action that might apply to me, my heirs, and my personal representatives. Further, I agree to assume all risks in riding in the said Avondale Police Department vehicles and in accompanying its Officers, and am fully aware personal damage may be involved. I acknowledge that the Police Officers will be engaging in a variety of law enforcement activities during the Citizen Observer Program. I fully understand the requirement to comply with the directions of the Officer at all times. I acknowledge that civilian observers are not permitted to make any recordings, visual or audio, while participating in the Civilian Observer Program, unless prior permission has been obtained from the Chief of Police or designee. I also acknowledge that civilian observers are not allowed to participate in the Citizen Observer Program more than once every six months and that a civilian observer may not ride for longer than the assigned patrol shift. I also understand that any person approved to participate shall be suitably dressed in a collared shirt, blouse or jacket, slacks and closed toe shoes. Sandals, t-shirts, tank tops, shorts, and ripped or torn blue jeans are not permitted. The Patrol Lieutenant or field supervisor may refuse a ride-along to anyone not properly dressed. Additionally, I understand and accept the risks of riding with an Officer who may be performing activities which include a degree of risk to my personal safety.

Signature: _____ Date: _____

CITY OF AVONDALE POLICE DEPARTMENT USE ONLY

PARTICIPANT ELIGIBILITY

Local Files: <input type="checkbox"/> Negative <input type="checkbox"/> See Attached	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Sergeant Signature / PIN:
ACIC/NCIC: <input type="checkbox"/> Negative <input type="checkbox"/> See Attached		
City Bookings: <input type="checkbox"/> Negative <input type="checkbox"/> See Attached		

HOST OFFICER AVAILABILITY

Availability of Host Officer: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Approved by Field Operations Sergeant:	Shift / Squad:
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Scheduled Date of Ride-Along:	Officer Assigned:
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CITIZEN NOTIFICATION

Date / Time Notification Made:	Notification Made by:	Comments:
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Citizen Ride Along Program Feedback

Thank you for participating in the Citizen Ride Along Program with the Avondale Police Department. Your comments regarding your experience during the time you spent with a member of our Department are of great value to us. Please take a moment to provide us with feedback on your experience.

Host Officer's Name:
Day/Time of Participation:
First Impression:
Knowledge, Efficiency, Approach of the Officer and Other Staff:
General Observations and Suggestions: