

**SEGUIN POLICE DEPARTMENT
RIDE-ALONG APPLICATION**

Date: _____

Name: _____ D.O.B. _____ Age: _____
(Your first & last name as it appears on your Driver's License)

Address: _____ City: _____ State: _____

Home Phone Number: _____ Cell Phone Number: _____

Business Phone Number: _____

Employer: _____ Occupation: _____

Driver's License Number: _____ State: _____

Traffic Convictions: _____

Criminal Convictions: Yes No

Note: For Security Purposes, the Seguin Police Department may check your Driver's License and Criminal History

If yes, list Police Agency: _____

Charge(s): _____

What is your purpose for participation as a Ride-Along? _____

Signature

FOR DEPARTMENT USE ONLY

All Background Checks Performed?
(Local Records Check, Driver's License, Wanted, Criminal History)

Yes No Incident # for Criminal History Check: _____

Application Approved: Yes No

Approved By: _____ Date: _____

(Retain application in Records – destroy the CCH)

CITY OF SEGUIN
Waiver and Release for Public Safety Ride-a-Longs

I, _____, desire to accompany a public safety officer or employee of the City of Seguin in his or her vehicle while performing said officer's official duties. I recognize that participating in this activity is inherently dangerous and could place me in potentially hazardous situations, and I voluntarily accept the risks involved. In consideration of the City's agreement to allow me to participate in this activity, I on my own behalf and on behalf of my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever, do hereby WAIVE AND RELEASE, all claims, demands, damages, actions, causes of action, suits and claims of any nature whatsoever, whether in law or in equity, and whether relating to persons or property that I or my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever, might have against the City of Seguin, employees, directors, officials, agents and attorneys as a result of my activities or association with the City of Seguin, whether on City premises, in a City vehicle, or being an observer or participant in City public safety activities.

I hereby declare that the terms of the WAIVERS AND RELEASE have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany City staff at my own request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that on my property.

Signature

Date

Parent/Guardian Signature

Date

Witness

Date

(Retain in Records with Application)