



CITY OF PORTLAND, OREGON



Bureau of Police

1111 S.W. 2nd Avenue • Portland, OR 97204

Integrity • Compassion • Accountability • Respect • Excellence • Service

PORTLAND POLICE RIDE-ALONG REQUEST FORM

Dear ride-along applicant:

1. Complete this page of the request form and read the second page. Please do not sign it until the day of your ride-along and in the presence of an officer.
2. If you are at least 16 years of age, you are welcome to apply for a ride-along by reading, completing and signing both sides of this Ride-along Request Form. If you are under 18 years of age, a parent must sign the Parental Consent Release.
3. Turn this form in to the precinct desk attendant where you want to ride along, normally two weeks in advance. Call the relief sergeant of the shift and precinct you requested to check the status of your request 24 hours in advance.
4. As part of this program, you agree to undergo a comprehensive police records check.

REQUESTOR INFORMATION

_____		_____	_____
Last Name		First Name	Full Middle Name
/ /	_____	Have you ever been arrested for a crime? Y / N	
Date of Birth	Race	If so, what crime? _____	

_____	_____
Address	Phone

Reason for requesting a ride-along? _____

_____	_____	_____
Requested Date	Requested Precinct	Requested Shift

EMERGENCY CONTACT INFORMATION

_____	_____	_____
Name	Address	Phone

Checked by _____	LEDS / NCIC _____	RMS _____
Assigned Officer _____	DPSST _____	
Assigned Date _____	Assigned District _____	
Sgt Approval _____	Date _____	
Cmdr Approval _____	Date _____	

PORTLAND POLICE BUREAU RIDE-ALONG WAIVER AND HOLD HARMLESS AGREEMENT

I, the undersigned, have read and understand the following conditions. I ask the Portland Police Bureau for permission to ride, as an observer only, in an authorized Police Bureau motor vehicle. This observation is for my educational benefit. If permission is granted, I agree to obey all instructions, order, and commands given to me by officers at a scene or in command of any vehicle in which I may be riding. I realize and appreciate the nature of law enforcement work, and know that I might encounter violence, uncertainty, danger and criminality during a ride-along. I understand that I may encounter situations during a ride-along that expose me to a risk of physical harm or injury, including, but not limited to, motor vehicle accidents. I freely and voluntarily accept these risks. I further agree to keep confidential my observations when requested to do so by a member of the Police Bureau.

I further understand I will be a guest passenger in the police vehicle in which I ride. I have not offered any payment to the Police Bureau or any of its employees for the opportunity to ride in a police vehicle and observe law enforcement activity.

I understand and acknowledge my basic responsibilities are:

1. To remain in or return to the police vehicle in dangerous or sensitive situations (i.e. homicide, sex crimes, deaths investigations, etc.);
2. To not enter and/or remain in a major crime scene;
3. To limit my movements to places open to the public and places I have permission to enter;
4. To comply with all directions given by a police officer;
5. To avoid operating equipment unless an officer's safety is at risk or I receive an officer's permission; AND
6. TO BE AN OBSERVER ONLY! I will not become verbally or physically involved unless the officer's safety is at risk or I am directed to do so. The City of Portland will not be liable for my unauthorized intervention.

I understand that I must be in civilian clothing and wear a Ride-Along jacket/vest on my outer clothing at all times in the field.

I will NOT carry a firearm even if I have a concealed weapons permit. (The exception is a DPSST certified police officer.)

I acknowledge that the personal safety of the officer as well as the Police Bureau's responsibilities to the community will be considered AT ALL TIMES. Therefore, I understand that an officer may terminate my ride-along at any time, without explanation or advance notice. If emergency circumstances dictate, I understand that I may be dropped off at a safe location in the field.

WHEREFORE, in consideration of the educational benefit I will gain by riding-along with a police officer, I hereby agree to hold the City of Portland, its Commissioners, the Portland Police Bureau and its Chief, employees, agents and servants harmless from any and all liability to me for death, personal injury, or property damage, whether proximate or remote, sustained while I ride-along and observe law enforcement activity.

I hereby declare under penalty of perjury that the foregoing statement is true to the best of my knowledge and belief.

Signature of Rider

Date

Witness Officer Signature / DPSST

PARENTAL CONSENT

I, the undersigned, have read and understand the above and, being the parent or legal guardian of the above minor under the age of 18, ask that the Portland Police Bureau grant permission for said minor to ride in a Police Bureau vehicle and observe law enforcement activity. I authorize the Portland Police Bureau to conduct a police records check of the minor. I realize and appreciate the nature of law enforcement work and know the minor might encounter violence, uncertainty, danger and criminality during a ride-along. I understand that the minor may encounter situations during the ride-along that expose the minor to a risk of death, physical harm or injury, including, but not limited to, motor vehicle accidents. I freely and voluntarily accept these risks.

I further understand that he/she has read the above agreement. I have not offered any payment to the Police Bureau or any of its employees for the opportunity for said minor to ride in a police vehicle and observe law enforcement activity.

I agree to hold the City of Portland, its Commissioners, the Portland Police Bureau and its Chief, employees, agents, and servants harmless from any and all liability to the above-named minor and to me for death, personal injury or property damage, whether proximate or remote, sustained while he/she rides-along and observes law enforcement activity.

Signature of Parent/Guardian

Date

Witness Officer Signature / DPSST