



RELEASE AND REQUEST FOR POLICE RIDE-ALONG

(must be received 7 days in advance / limit 1 ride-along every 30 days, maximum of 2 ride-alongs per year)

I, (name) _____, Email: _____,

Address: _____,

Phone: _____, Date of Birth: _____,

Driver's License Number: _____

Do hereby request that the Peoria Police Department permit me to accompany a Peoria Police Officer on his tour of duty. I understand that I shall be subject to the officer's direction during the ride along.

In making this request, I realize that such activity involves risk of personal injury or property damage, and I hereby assume such risk and release and agree to hold harmless the City of Peoria, the Peoria Police Department, their officers, agents and employees from any liability for civil damages arising out of their actions or the actions of others in connection with this activity.

I further covenant and agree, as a condition of the granting of my request, to indemnify and hold harmless the City of Peoria, the Peoria Police Department, their officers, agents and employees from any liability which may be incurred by them or either of them proximately resulting from any acts or omissions by me during this activity.

I further represent that I am or above the age of 18 years, with full understanding of all risks involved and agree that the release and its indemnity agreement shall be binding upon my heirs, executors, administrators, and assigns. **(A ride-along is limited to persons 16 years or older. Persons under 18 require a signature by a parent or guardian):**

Date: _____ Signature: _____

I, _____, as parent or legal guardian of _____

recognizing the risks involved, do hereby concur in this request and the release and indemnity of civil liabilities including, but not limited to any right of present or future support or liability for medical or other expenses I may have or accrue.

Date: _____ Signature: _____

RIDE-ALONG SHIFTS AND TIMES

CIRCLE a shift you prefer for a ride-along and include a PERFERRED DATE for the ride-along:

1st Shift Patrol: 7:00 a.m. – 11:00 a.m.

(Report to Information Sergeant by 6:30 a.m.)

2nd Shift Patrol: 3:00 p.m. – 7:00 p.m.

(Report to Information Sergeant by 2:30 p.m.)

1st choice ride-along date: _____

2nd choice ride-along date: _____

Specific officer I would like to ride with: _____ Specific area I would like to ride in: _____

ONLY COMMISSIONED POLICE OFFICERS WILL BE ALLOWED TO CARRY FIREARMS

ALL RIDE-ALONGS WILL BE SUBJECT TO SEARCH / PAT DOWNS

Return Completed Form to: Peoria Police Information Office Sergeant
600 SW Adams, Peoria, IL. 61602 (309)-494-8304

-----THIS PAGE TO BE COMPLETED BY POLICE DEPARTMENT-----

Request was submitted seven days in advance: yes ____ no ____ waived by _____

(Lt / Capt. Name and rank)

RIDE-ALONG BACKGROUND CHECK LIST

Enter subject in LEADS by name and birthdate and attach results from:

- | | | |
|-------------------------|-------------|------------------------|
| 1. Warrant Check | Clear ____ | Wanted ____ |
| 2. D/L History | Valid ____ | Suspended/Revoked ____ |
| 3. Criminal History | Felony ____ | Misdemeanor ____ |
| 4. F.O.I.D | Valid ____ | None ____ |
| 5. Concealed Carry | Valid ____ | None ____ |
| 6. Commissioned Officer | No ____ | Yes ____ |

If yes, name of Local, State or Federal Agency _____

7. Any Ride Along under the age of 18 requires the Chief's approval.

Chiefs initials: yes ____ no ____

(Hand carry to Chief for initials)

ONLY COMMISSIONED POLCE OFFICERS WILL BE ALLOWED TO CARRY FIREARMS

Enter subject into ADSI and attach list of last 10 reports ____

Photocopy Subjects Driver's License and attach to form ____

Sergeant completing background check _____

Date completed _____

SUBMIT FORM AND ALL SUPPORTING DOCUMENTS TO SHIFT LIEUTENANT

Shift Lieutenant/Commander _____

Approved ____

Disapproved ____

COMPLETED FORMS SHALL BE SAVED AND FILED IN THE INFO OFFICE