



## RIDE ALONG PROGRAM REQUIREMENTS FOR PARTICIPATION

1. The Pittsburg Police Department Ride-Along Program may be offered to residents, students, police applicants and those employed within the City. Every attempt will be made to accommodate interested persons.
2. All residents that ride along must be at least 18 years of age, or 15 years of age with guardian consent.
3. No person shall ride along more than once in a six-month period unless approved by a Lieutenant or higher ranking.
4. No persons shall ride along past 11:00 pm unless approved by a Lieutenant or higher ranking.

### SUITABLE ATTIRE

Any person approved to ride along is required to be suitably dressed in collared shirt, blouse or jacket, long pants and conservative style shoes. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted.

### RIDE-ALONG CRIMINAL CHECK

All ride along applicants are subject to a criminal history check. The criminal history check may include a local records check and a Department of Justice Automated Criminal History System check through CLETS prior to their approval as a ride along with a law enforcement officer. Ride along requests may be denied by the Bureau Captain at his sole discretion.

### SAFETY CONSIDERATIONS

Citizen riders shall not be in a possession of any type of weapon whatsoever and will not be allowed to exit the police vehicle while on a call without permission from their assigned officer. At the officer's discretion, a citizen ride may be dropped off at a safe location prior to the officer responding to a situation that would subject the rider to undue hazard.

See attached ride-along policy.



PITTSBURG POLICE DEPARTMENT  
CITIZEN OBSERVER PROGRAM

**INFORMATION SHEET**

DATE SUBMITTED \_\_\_\_\_

DATE PARTICIPATION DESIRED \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

Employer/School \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DRIVER LIC \_\_\_\_\_

Are you representing an organization/school/club? Yes  No

If yes, Name of organization/school/club \_\_\_\_\_

Have you ever been arrested? Yes  No  What charge? \_\_\_\_\_

Court Disposition? \_\_\_\_\_

Have you ever actively participated in a confrontation with the police or other law enforcement agency?

Yes  No  Explain \_\_\_\_\_

Are you now being treated, or have you ever had any communicable disease, i.e. Tuberculosis, Hepatitis etc?

Yes  No  Explain \_\_\_\_\_

Are you now or have you ever been a member of any organization that advocates the overthrow of our present government?

Yes  No  Explain \_\_\_\_\_

State your objective in observing police operations \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME \_\_\_\_\_

Relation \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

I understand that any false statement of information may disqualify my request, also that the Pittsburg Police Department may reject any request without explanation.

If permission is given to accompany a member of the Pittsburg Police Department on patrol, I agree to abide by all required rules and regulations, including instructions from the Police Officer on patrol.

I hereby release the City of Pittsburg, the Pittsburg Police Department and all its' members of any liability resulting from any illness or injury incurred by me during my time spent as an observer with the Pittsburg Police Department.

\_\_\_\_\_  
Watch Commander

\_\_\_\_\_  
Applicant

**APPROVED**

**DISAPPROVED**



PITTSBURG POLICE DEPARTMENT  
CITIZEN OBSERVER PROGRAM

**WAIVER AND RELEASE OF ALL CLAIMS FOR  
PERSONAL INJURY AND PROPERTY DAMAGE**

WHEREAS, I, \_\_\_\_\_ {under}  {over}

the age of eighteen years and not being a member of the Pittsburg Police Department, have made a voluntary request to ride as a guest in a vehicle assigned to the Pittsburg Police Department, and to accompany a member of the Pittsburg Police Department during the performance of their official duties; and

WHEREAS, I, agree that the Pittsburg Police Department did not take the initiative in extending The invitation to ride or accompany any member or members of the department during the performance of official duties; and

WHEREAS, I am aware that I may be subjected to risk of bodily harm or damage to my property by accompanying a member or members of the Pittsburg Police Department during the performance of their duties;

NOW, THEREFORE, in consideration of the permission given to me to ride in a vehicle assigned to the Pittsburg Police Department and to accompany a member or members at said department during the performance of their official duties, I do hereby agree that the City of Pittsburg, Chief of Police, his sureties, all members of the Pittsburg Police Department, their sureties, and each of them, shall not be responsible or liable for any loss, damage, liability, or expense arising out of or in any such manner, connected with any damage, injury or loss, either to me or my property incurred while riding in any vehicle assigned to the Pittsburg Police Department, or while accompanying any member or members of said Pittsburg Police Department during the performance of their official duties and resulting from any negligence on the part of any member of the Pittsburg Police Department.

I do further agree to save and keep the City of Pittsburg, Chief of Police, his sureties, all members of the Pittsburg Police Department, members of the City Council, sworn and appointed city officials, all city employees, their sureties and each of them, free indemnified, and harmless from any loss, damage, liability or expense incurred or claimed by any one by reason of any damage or injury to me or my property resulting from any of the aforesaid facts.

\_\_\_\_\_  
DATE SIGNATURE

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**PARENT OR LAWFUL GUARDIAN OF MINOR**

WHEREAS, I, \_\_\_\_\_

being the parent or lawful guardian of \_\_\_\_\_

a minor, have read and fully understand the above waiver and release, give my consent.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
**Witness** (Witness **MUST** be a Pittsburg Police Officer)

\_\_\_\_\_  
School  
Rev 6/2020

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Emergency Phone Number



PITTSBURG POLICE DEPARTMENT  
CITIZEN OBSERVER PROGRAM

**OBSERVER'S REMARKS FORM**

OFFICER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

The Pittsburg Police Department requests your assistance in our Citizen Observer Program. Please feel free to offer any suggestions which might help as to improve this program or to improve efficiency of the Pittsburg Police Department.

Observer's Remarks

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\_\_\_\_\_  
Observer's Signature